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Original Articles.

GET LEAN, AND—HOMELY.*

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YOU can judge better than I whether to be homely is worse than death or not. There is a difference of opinion about that,—although largely, perhaps, among the "weaker" sex. The world-wide food-shortage makes our topic a most timely one for discussion at the present time, especially since there is no doubt at all that many children and adults who have heretofore been getting along fairly well nourished are at the present time distinctly and needlessly underfed.

We shall have a little something to say about the relation of overleanness, first, to health and long life; second, to happiness and long life; third, as to the causes of thinness; fourth, as to its relation to personal beauty; and fifth, about its remedy or mastery. Here are five more or less separate and yet personally related topics.

* A free public health lecture at the Forsyth Dental Infirmary for Children, Boston, on Sunday afternoon, December 9, 1917.

Now at length is solved that long-standing mystery as to *why*

"Jack Spratt could eat no fat,
His wife could eat no lean,—"

plainly because he was a "fatty" to the livable limit, while she was either a very lean person indeed, or else a "consistent vegetarian,"—if there be such a thing as a really consistent vegetarian extant.

There is a curious general prejudice against over-thinness, and that, too, quite aside from any relation to personal beauty. Most persons still think that to be lean is to be ill or illness-bound; but this certainly is one of the many unfounded traditions from an age of relative ignorance about physiology. In those unscientific days symptoms were often mistaken for causes. The cause, for example, of consumption was not then known, and the wasting of Bright's disease, of cancer, of diabetes, of "marasmus" in general was not at all understood. The old name for consumption, some of you are aware, was phthisis—from a Greek word meaning "wasting." We realize now that this wasting, this form of progressive leanness, is a result, not a cause. Nowadays, then, it is true that people should give up their old traditional prejudices against over-thinness, as if it were necessarily a symptom of present or of

approaching illness. We can better discriminate, today, and we realize that leanness in itself, so far at least as life is concerned, is not an evil (with two important common exceptions which will be noted forthwith).

Public opinion is always anywhere from 800 years (in the case of the evaluation of the body, the sanctions of the flesh) to 25 years behind the best human knowledge. Thus, for example, the mass of our people still think that to be fat is to be healthy, and that to get thin is to go rolling down hill towards one's inevitable final lodgment beneath the sod—the quiet and restful but damp and chilly grave, or else toward cremation, which is neither damp nor chilly, and, by the way, far too infrequent. Most business men, housewives, salesmen, actors, and so on without limit, still gloat over a degree of fatness really disgraceful. If they meet a friend and notice that he is a little fatter than he was the last time they saw him, they pat him on the back and say, "How well you are looking!" "You must be well because you are getting fat," is implied, but surely "Get Fat and—Die" is scientifically more true than this habitual opinion still so nearly universal among the mass of "just folks." More properly, it is always the "golden mean" that we want: "Nothing too much."

Two exceptions, as far as life and death are concerned, rather serve but to emphasize our ponderal rule: the first exception being that over-leanness during the period of growth, when due especially to insufficient food, is a very great disadvantage; and the second exception that over-leanness when overtaken at any age with a dangerous and exhausting illness, notably lobar pneumonia, diabetes, diphtheria, and typhoid, is a disadvantage. It is a decided disadvantage to be very thin during the period of growth, and sometimes a mortal disadvantage to be very thin at the beginning of a very long and exhausting sickness, yet not perhaps so much as you might expect on general principles, for there are certain compensations under ordinary conditions of nursing, etc. [One is not able to pass through a second youth (although many certainly do pass through a second childhood); but all of us are liable to contract pneumonia from the cougher and sneezer or even the breather next to us (sometimes only six or eight inches away from our own faces) in our scandalously, wickedly overcrowded street cars,—a menace, summer and winter, to all who use them; the chief means, undoubtedly, by which the sadly fatal pneumonia-scourge is spread. This is something that has not been emphasized any too much in the press, yet it is pretty certain now that most pneumonia cases come from atmospheric contact with other people. It is time for people to wake up and realize the danger, and start to stop it.]

A very lean person has a somewhat less chance of surviving an exhausting and dangerous but self-limited disease—diseases that tend by nature to limit themselves so that the period of danger may be only a short one, and nourishment the critical problem.

Thin people suffer greatly from the cold, and some who, for example, have found themselves weighing eight or ten pounds less than last year at this time were perhaps rather surprised to find themselves feeling so very cold this afternoon when they came out from home: these miss their old fat-jackets!

The *causes* of leanness, scrawniness, thinness, spareness, lankness, gauntness, emaciation, underfedness, skinniness (in polite society, too polite, called "graceful slenderness," and by medical men "hypoliposis") are several in number; we may mention seven of them:

1st. Innutrition—too little food.
2nd. Over-exercise of the masses of muscles.
3rd. General nervousness.
4th. Worrying too much.
5th. The spare-diet habit.
6th. Over-secretion of the pituitary gland.
7th. (which is in reality perhaps No. 6), Heredity.

It is plain that adequate training of the individual as she grows up would prevent the development and the action of the most common of these causes—of all, in fact, save the last two in the list. Here comes in the intelligence and the care of the parents, especially of the mother. The habits of the child must be directed so that by both her own intelligence and by her developing habit-system, her diet shall become habitually adequate to the ideal state of nourishment. This "training" can begin scarcely too early in the child's life. The earlier it be undertaken the more deeply will the little girl's subconscious mind be impressed, and therefore the more easy and the

more effective will be its guidance, often without thought or care or much of effort, over her nutrition as determined by the balance of intake and of outgo of body-material. These remarks are in form directed chiefly to adults; but it must not be ignored that nearly every principle suggested is applicable also to the training of the child toward the *prophylaxis* of over-leanness. It is part of the intensive home education based on the modern knowledge of the motivity of the mind and the prevalence of the powers of the subconscious aspects of the personality.

A word about each of the causes of over-leanness in turn.

1. *Innutrition of children.* This is very important, not only for the children as children, but for their adult life. *The American Open Air School Journal* tells that of 548,000 school children studied in fifteen cities in the United States, nearly 30,000 were under-nourished, and lean enough as readily to be picked out of a crowd as underfed. This is 5% and was the condition before the war. What shall we say now? The wretchedness of mind and the misery of body of this condition is indescribable. These children are cold and weak and sad. One of the most cruel features of this hell-war is the fact that there are millions of such children in Belgium, France, Halifax (today), Germany, and England, and even in our own land, scarcely yet under the strain. Another world-wide curse on the black "soul" of German imperialism which a lifetime can never forget—no, not for a day. Considering the multitude of persons concerned, it is as bad as the chopping-off of the hands of the little boys and girls in Belgium, the absolute limit, one thinks, of barbaric atrocity, and worse yet when done (as it has been done so much in Belgium) by civilized men, and not by tigers.

Children suffer more than adults from innutrition, for three obvious reasons—

1. Their greater "metabolism," (total chemical interchange), the chemical process, much more active in children than in adults. 2. Their less resistance because (3) of their less power of storage of fat, muscle, etc., for which reason they suffer from cold much more than adults do.

If the thoughtless, even when very indigent, realized how much adequate food during childhood, especially from 10 to 18, has to do with growth and with adult vigor, the child would get enough to eat at any cost as a matter of family and political economy as well as of human mercy. Consumption, for example, attacks few who have enough food and fresh air, and so it is, too, with general tuberculosis.

2. Our second cause of over-leanness, is *the over-exercise of muscular masses.* The ideal of nutrition is a perfect balance, as I have emphasized elsewhere at considerable length, a perfect balance of intake and of outgo. Overwork then of the body means overwork relative to the effective intake of energy and of body-matter, that is in the food. Continuous overwork when food is adequate scarcely exists. Fatigue and the sleep-time physiologically compelled combine to prevent it, fortunately. A man could not wear himself out by chronic muscular overwork if his muscles were well fed, for he would have to sleep too much to allow of any such harm. We know of the cases of soldiers during the Civil War, who on long forced marches would march sound asleep. The fatigue was so great and the soldiers so well trained that they could march hour after hour in this way. Fishes, too, moving in the water must sleep.

But relative overwork means the consumption of every bit of the body-fat, and every tissue (muscle, gland, connective tissue) reduced to its lowest workable size, as thin and lean and spare as it will live and work.

"Work" from the sedentary, dainty, over-cultured point of view, when all or nearly all real and substantial womanhood and manhood are gone, as the blood has become gradually "bluer" in the generations of Yankeedom,—this kind of "work" won't make one thin. If I may quote a paragraph from a previous paper ("Get Fat, and—Die")*:

One thing is certain. For the far larger number of persons overweight who do not find it expedient to change their actual daily occupations from a low plane of energy expense (via muscular exercise) to a higher, it is quite futile to expect weight-reduction by bodily work alone, whether in a fine gymnasium, on the farm, or elsewhere. The commoner experience of middle-aged women and men who seek thus to normalize themselves hygienically and cosmetically, of course, is to *gain weight* rather than lose after the first week or so. They actually improve their general condition, as well as their food appetite, so much by the daily

* Dearborn, G. V. N.: "Get Fat and—Die," Interstate Medical Journal, St. Louis, Vol. xxiv, No. 2, February, 1917, pp. 156-160.

hour or two of unwonted highly enjoyable general exercise that their metabolism is raised so that they "put on" fat. They take just enough exercise to normalize nutrition, but not nearly enough to burn up any tissue fat. But forty-eight hours a week of labor for each of the four weeks of several months would do it! And it is thus, and *only thus for the most part, that the million retain the semblance of the properly human form*, for their diet, for the most part, otherwise would be excessive.

But many take or get too much muscular exercise, whether it is as work or as play, take more exercise than their intake of food warrants; and therefore they eat up their own body-fat.

3. Our third cause was *general nervousness*, personal inflammation. They have given the name Americanitis (American plus the common ending for inflammation) to this national habit. Perhaps it has never occurred to you how extremely grave the implication of such an expression is. Surely it is a most appropriate and telling word, for that is just what the condition is: inflammation of the entire American, of his whole personality. The individuality is inflamed, excited, hurried, forever fussing over nothing, and hurrying on only toward death.

Perhaps I might repeat part of a recent exacerbation ("Hectic Hurry and the Undergraduate" was its title) from the *Journal of Education*, of July 5, 1917:

My key-note, too, was leisure. And I emphasized its obvious and ever-increasing lack as a step in just the wrong educational direction in these early years of the twentieth century; as the road to the yesterday of all mental (and physical) hygiene; as education in the very thing which it is most essential should be ignored. "Hurry!"—but whither? "Hustle!"—but wherefore? "Strive unceasingly!"—but the Personality that is each of them, within each poor sleepy (or else stimulated, 'hectic') boy or girl, has small interest and takes no proper part in this college "strife," but crouches, as if neglected and abused. This clearly should not be.

And it is indeed a sad thing to see what hurrying restlessness dominates the life in some of the very finest of our colleges today; the breathlessness of it all; the fearsome figure to which the physiologic pressure-gage points; and, above all, the deeper and invidious meaning that this time-lack must have for the life-long training of these women and these men. When in all the long years, or in the short few years, of their life, will these people have time to *educate themselves* if not in the college years, when it is the allotted task?

Perhaps the present writer feels the inherent contrast and the present lack more strongly than some would feel it because he lived the four years while first a student, among the varied natural beauties at the meeting-line of fair Vermont and fairer New Hampshire, on the shore of the Connecticut River,—where else than at Hanover! Old Dartmouth has always more to offer than 'efficiency' or if no more, then at least a real efficiency that includes a self-reliance, a self-respect, an appreciation of Whence? and Whither? and sometimes of Why?, in short, a soul. And Mount Pineo and the beautiful River and Ascutney and Norwich and all up and down the long road (even from Canada to the Sound!) made part of the curriculum which gave each (if he only cared for it!) a chance to learn himself.

And what Dartmouth did then every college else can do, each in its good own way, if it only makes the good start to try. Columbia, even, in the midst of the Earth's largest town, has human selves to train and could find a way, through the planning of some ingenious son or daughter, to see to it that in no case would a serious student think himself ever a machine or his world only a vortex of easily definable energies, of dollars, or of whatever else the efficiency-world uses to count its successes with.

But to view the education or the part of it which leisure can give as an affair only of philosophical esthetics, as a matter wholly of "soul" and personality in the sense discussed so delightfully by many poets and by men who were poets under some other name, were wholly to underestimate the practical versatility of human motives and of human wills. F. H. Bradley's resistless logic has made pragmatists of many, and brought closer together in the thought of numerous men and women the practical values, measurable sometimes even in gold, and those other values, more lasting perhaps, which leisure, and there through thought, alone can give. Bodily strength and bodily endurance, good health, happiness, personality, 'soul,' form a sort of series, an ascending series, if you prefer it so, which mill-managers and shop-treasurers have learned or will learn to measure accurately some day by units and in terms which every citizen will fully understand. The colleges should have foreseen this and effectively felt it all the time, handing it down as almost their highest wisdom to every freshman who rises into the sophomore class.

One must 'commune with herself' or become mechanized; one must escape that insistent 'Hurry! Hustle! Strive'! or lose that one special attribute which marks off the human, not

from brute alone, but from the brass and iron and wood machine which man, rather than God, has made. The whole tearful world cries out for honor and for justice and almost harshly for humanity above all. Will the college, too, deny these to the boys and girls who are trusting her to help make them, not organic machines, alone, but real women and men?

In some institutions of learning the reaction already has actively begun—in theory at any rate."

But Oh, the curse and the shame of it in an intelligent, well educated people! Too hurried to live! Too hurried and worried to be well nourished. Such inflamed egos, whether seeking gold or chasing enjoyment, take themselves far too seriously, and forever are missing the beauty and grandeur of the noble ocean of life because lost among the bases of its individual, often petty, waves. These folk need the "broad view," the view that is to be had from the exalted mountain-tops of common sense. Take your "pocket Emersons" out of your muffs and your pockets, ye people of undue haste, and read yourselves once more into a rational peace of mind and sensible mode of existence! For this fever of the hurried and abnormal living makes you thin and lean, and is the index of the rational undoing of your lives. The conspirator "Cassius" was of this type of life, for Shakespeare knew:

> "Let me have men about me that are fat;
> Sleek headed men and such as sleep o'nights.
> Yond Cassius has a lean and hungry look;
> He thinks too much; such men are dangerous."

But the great William did not mean *too* fat! "Sleek-headed," please observe, not fat-headed; and for "thinks" we now in these psychologic days would say "plots" or "worries." Such men and women indeed are "dangerous," but dangerous especially to themselves:—to their beauty; to their happiness; to the length of their lives; and to the very rationality of their living.

Physiologically speaking and psychologically, this leanness comes mostly, I take it, from an unrealized excess of muscular exertion, mild in degree, but *continuous*, mostly, both night and day, and therefore of great effect on the body's nutrition. It is the continuous things in our life that count. It is not the occasional use of a lot of water but the small continuous leaks that waste the water; the bad drunkard is not the man who goes off on an hilarious "toot" once in two months, but the man who is drinking a little every day. It is the continuing processes which most count. Muscle, which you will please remember is one-half of the mass of the body, may work actively without shortening appreciably so as to produce an obvious movement. We psychologists call this state of the muscles increased "tonus," muscular tone, activity short of contraction. It is perhaps activity as great as that of a plain contraction, but different. All the tissues have this increased tone in our distemper of "Americanitis," but in the muscles it is of chief importance, so far as leanness is concerned, for it is the muscles that use up the food most actively.

A chronically nervous person, too, may walk miles and miles about a town, about an estate, about a house, even about a hall-bedroom, and never at all realize how very much muscular energy she has expended during the day. Stairs especially make a rapid fat-wastage. Sometimes a nervous woman will "wonder why she is so tired" at night, when she has walked miles and miles, perhaps, although only about a small house. Her body keeps count, however, and every fat-cell in it perhaps is burned up even before it is born; and so never exists as fat at all.

4. The fourth cause of over-leanness, of this walking skeletonry, so to speak, is *worrying too long*. This relationship of worry to malnutrition is now a trite story, and probably known to all of you. Worry is chronic, hectic *fear;* and fear with terrible certainty and speed exhausts the immediate nourishment (the chromatin in the Nissl bodies) of the nerve cells of the brain, the spinal cord, and of the autonomic system.

This depresses the whole body and the fat is the first tissue to go out. The sanatorium and the crematory are the probable end-stations, if not perpetual maidenhood. Worry like *nothing else* spoils the glory of our common but always unique adventure, which we still call our "life." And worry is quite incompatible with body-fat, with plumpness. You have all seen men and women reduced in a few weeks almost to "walking skeletons" by trouble, trouble purely mental and purely fearful. No self-fancied trouble or pretended worry will do it: it must be real worry, real fear. Many a man, and more women, fancy they are worrying, when in reality they are happy, gloating like the "Sheriff of Nottingham" over imaginary de-

lights, which they think of as troubles and hard realities.

Sleep-loss is probably an important factor in this malnutrition, and in the indigestion and in-absorption factors of worry's general bodily depression. Nervous people should drink little tea, coffee, or cocoa, and eat little chocolate, at least after the noon-time meal. (I do not know whether any one has ever called your attention to the fact that the chocolate in confectionery is just as stimulating and will keep you awake just as badly as chocolate (cocoa) dissolved in water and drunk with milk.) These things keep folks awake and prevent the excessive repair which their worry-habit necessitates. Here's a vicious circle.

5. The fifth cause of leanness among our seven, I have termed *the spare-diet habit*. I mean by that a long habit of eating too little of direct fat-producers, a habit of year after year, perhaps dating from childhood. Bad, usually ignorant, training in childhood is usually the reason for this particular one-sidedness. The average, well-balanced adolescent corrects it for himself. Most frequent is the habit of refusing fats of every kind,—animal and vegetable,—usually the former especially. Like the case of boys and of men and tobacco, one experience of nausea is usually remembered and exaggerated all one's life, on the basis of "never again!" It is possible that in some of these persons the fat-digesting ferments are defective or even deficient.

Some people never eat potatoes, and their similars, the starchy tubers. Some never eat bread even, and habitually refuse all the cereals. A few use far too little sugar in its various forms, although we average one-quarter pound daily, each man, woman, and child in the United States, and this is none too much, if properly eaten.

A very few people in good health have acquired a real habit of eating too little of an all around diet,—of not eating enough. These, save perhaps in war-time, are relatively few; but now conscience, the "New England conscience," has considerably increased their number. Some people are actually eating less than they really need in order to save food, hoping it "will win the war."

6. The sixth cause is over-excretion of the posterior lobe of the ductless gland called the pituitary or "hypophysis cerebri." This small gland is found in all vertebrate animals and, therefore, is undoubtedly practically indispensable. However important, it is the size of your finger-end, and is at the base of the brain. It is in intimate, active relation with the thyroid, the pancreas, the ovary, and the adrenal in intricate ways not yet unknotted.

In 1909 Pittman and Fodera produced emaciation in dogs (without the usual digestive disturbance) by the repeated injection into their circulation of the extract of this ductless gland. A year or so later three Boston hospital surgeons, Harvey Cushing, Crowe, and Homans, did the same thing with the posterior lobe, and noted that first there was a bodily loss of the muscle-food (glycogen) and then a progressive muscular emaciation.

Over-excretion, then, of the posterior lobe of the ductless gland is probably one cause of leanness and emaciation in some of those persons whose food-work balance is perfectly normal. How frequent is this gland-defect we do not know, any more than we know its cause. There is associated very likely a derangement of the thyroid or of the ovary, or both. The relations of married life and of its lack to overleanness may not be here discussed, but the scientists concerned with such matters understand the matter well, and realize its sociologic importance.

The "living skeleton" in the side show is not usually as happy as he looks to the gaping boys about him. He is practically dying, a victim usually of progressive muscular atrophy, most painful, and inevitably fatal. The relation of this wretched but uncommon disaster of disease to the pituitary gland or to its functional balance (for everything is balanced in the organism) is not as yet known, but to be a walking skeleton is not a worthy or happy ideal for any child.

7. The seventh and last cause of hypoliposis, or over-leanness, is said oftentimes to be *heredity:* one is lean because one's parents or forebears were so. This, as far as we can see, means the same as the case mentioned immediately before it. The endocrinous (ductless) gland defect is that which is hereditary, perhaps as a peculiarity of size only; these individuals may have unusually large pituitary glands, just as a line of generations in a family may have unusually large noses or feet or ears.

So much for the chief *causes* of overleanness,

and for a few matters of related *hygiene*.

The original title of this talk was "Get Lean—and Ugly," but a member of my family very kindly suggested that the word "ugly" meant two different things, and asked which did I mean? I promptly said, "Both!" The word "ugly," by derivation, and in England, means of course, as you know, such as one may be afraid of or fearful for, but here in America we have grown to use ugly in a figurative sense, to mean ill-disposed, ill-natured, aggressively inclined. It is an ugly word; in use, probably, in too many American households when the wind is East and the millionaire grocer grown more insistent than really he need to be about his little bill. Is it worse now since the sugar and the fuel have failed?

The homely person, especially if a woman, may be "ugly," the ugly person may become homely sooner or later to all who know her, and a very lean, homely person, as we have seen, tends to be ill-natured *because of the lack of fat in her blood* to keep her nerves well-nourished and her temper consequently sweet.

Thin people are far more sensitive (Behan) to pain and marked unpleasantness than are well-nourished folk. To suffer does not ordinarily improve one's optimism and light-heartedness. Thus there's another vicious circle, here.

Inasmuch as homeliness often injures one's disposition, the difference in the two senses of "ugly" seems not so essential. Sometimes even gentleness loses ground with one's beauty and with the sharpening of the nose. I have always had a strictly private opinion that Mrs. Rip Van Winkle was beginning to lose her beauty (whether only "skin-deep" or deeper) as well as her temper, when Mr. Van Winkle began his memorable adventure,—and he may not have been asleep every minute, after all.

A few years ago I published in the *Psychological Review* a notion that the little organs of absorption (the villi) of the intestines had motor activities closely associated with the 10,000 million nerve-cells' need of fat, suggesting thereby a relation between ill humor and leanness now almost within the reach of scientific explanation. Leanness is certainly associated with bodily homeliness (at least in the female). Therefore the two sorts of uglinesss may have more than a mental relationship to each other; they certainly have, in fact, whatever the explanation. I say "female beauty," because recently a hundred or so of my young women students have strongly corroborated my own old opinion, that mere man has properly no beauty of body whatever. If a man is beautiful in the sense of scientific esthetics, he is effeminate *pro tanto*.

These young women, my students, know if any one knows, and they say that evidences of mental and physical vigor and strength are the factors in the male which correspond to the esthetic bodily beauty of the female. I am certain that this is true, and in all ways as sound in its psychology as it is in its femininity. One might almost say, if taken in a moderate sense, that *a woman ought to be gracefully plump, but never fat; a man lean, but never scrawny.*

Unless a woman is vanity-free (and, fortunately, a truly womanly woman never is so), unless she be vanity-free or else a stoic philosopher, she is apt not to appreciate what advantages there are in being thin (especially in the winter of the North), because these advantages are over-compensated by its obvious cosmetic disadvantages to her. But to the man the benefits of being lean are, obviously enough, at least four: 1. He has thereby an increased freedom of action, bodily and mental. 2. He has increased freedom of eating, and sad to say, sometimes of drinking. 3. He has increased freedom for exercise, athletics and games. 4. He has greater handsomeness—the nearest approach to true beauty that women will sanction in a manly man.

These four all are woman's too, of course, but they are commonly as nothing at all in the feminine world's secret mind, comparatively speaking.

In both girl and boy and in woman and man a certain degree of form is "standard"; and without fat, the standard is not kept up.

At any rate, personal human beauty is one of the finest and greatest things in the world, one of the best, one of the highest, one of the noblest, in "the very image of God." Let no one scorn it! One of the greatest mistakes that the zealous Puritans ever made was their absolute ignoring of the religious expression in a woman's or a child's beautiful body. The human being at its best is surely, without cavil, the most beautiful object the human mind has known; the most lovely object earth's won-

drous evolution has produced. Ah, here the human educational system has much to develop; much, however, first to *learn*. So afraid are we of letting any one see this most beautiful of human objects, so much false modesty is there, it is almost like Wordsworth's "Hidden Splendor":

> "Full many a gem of purest ray serene
> The dark, unfathomed caves of ocean bear,"

or like Theodore Harding Rand's (the late splendid poet and scholar of Canada) famed sonnet, "A Deep-Sea Shell":

> "Arrived from out abysmal deeps of brine,
> A regal splendor glows within thy whorl,
> Like pomp of rosy morn in shimmering pearl.
> Surely 'the hand that made thee is divine'!
> Ah, why so richly dight for beauty's shrine?
> No eye can feast on walls of gemmèd burl,
> Far down the overwhelming rush and swirl
> Of awful wastes scarce plumbed of fathomline!
> Fit for the palace of high seneschal!
> Inlaid with colors which the Tyrian King
> Vain sought to rival on his royal scroll,
> And echoing yet the ocean's trembling string:
> Methinks the Master wrought this ivory hall
> To *please the love of beauty in His soul.*"

In other words, beauty of a certainty is *"its own excuse for being"*; and the human body as well as the "ivory hall" and the "walls of gemmèd burl" of Rand, is the work of our Creator "to please the love of beauty in His soul."

G. N. Parker states it keenly well in his charming "Pomander Walk": "Behind her followed her daughter, Marjolaine, a charming girl of nineteen. There is no necessity for more particular description. A charming girl of nineteen is the loveliest thing on earth, and more need not be said." This is the most perfect "description" (suggestion) of a heroine that I have ever read, barring none of the great poets—Browning, or any of the others. Here it is and all of it in a nutshell! Each one is unique, and to describe her adequately (either with brush or pen) is to abandon all mere details and to stimulate the imagination of the beholder or reader. The heroine of a novel is very rarely done justice by her portrait in the book.

Our general prudery in this respect of female beauty we must set down to the present early stage of the earth's human history in which we live, our glimmer of life in the dark of our human time. (The world just now sags backward "on the road to yesterday," dragged back, crushed back; but it will turn again!)

Beauty is more than a joy; it is more than a privilege: it is a duty, but for once a duty that is pleasurable. To get lean and homely, then, is something approaching a fault, just as to be ill is usually the result of either ignorance or of carelessness, or both at once, and gradually coming to be thought of as a disgrace. It actually will seem to be a disgrace when we have learned a little more, and made it public and common knowledge.

To prevent one's self (especially if a feminine self) from becoming too lean is a duty, then, only less than the avoidance of obesity, of undue fat. We must strive in all things for Aristotle's "golden mean,"—"nothing too much."

But the glory of it all is that *the strife is the life*. Our great adventure, horrible sometimes, but always splendid and so forevermore; and in leaving it, perhaps beyond compare; who knows?

In the dietetic stress of war-time, part of our striving adventure should be to retain or to increase our manly and womanly beauty. The world today needs it for its greater satisfaction and encouragement, and the next generation, likewise, for its own sake. But the anti-lean strife is one of ease, and happiness, and the flesh-pots of the lazy, well-fed, warm and idle summer time,—just as the strife against obesity is one of toil and denial, the spare diet, the long, steep mountain-side of continuous climbing.

Cheer up, then, all ye amateur "side-show material," for the race is to the slow and the battle for once to the glutton and the indolent. Be conscientiously happy for once in the broad straight road. Here at home in the bleak New England December, we are traveling

> "East of Suez, where the best is like the worst,
> Where there ain't no ten commandments, and
> a man can raise a thirst,"

for your only denial shall be of denial; your only pain, perhaps, to *stop* after a while your progress along this pleasant declivitous, broad, straight boulevard to Beauty, when you have reached the goal—gone far enough.

You must not end your cure as the familiar old curate did, for whom after a severe illness an ignorant physician prescribed a generous glass of port wine after every meal. After five or six weeks, the doctor met his patient's

wife and asked how he was getting along, and she said that his body seemed to be all right again, but that she feared his mind was giving way as he insisted on having nine meals a day, and she could not understand it. (This joke deserves to be listened to and smiled at because of its great age, if for no other reason.)

One may be obese after being lean,—rolling down so broad and straight a road!

False and misleading suggestion oftentimes comes in to influence one's opinion and belief concerning one's own intake of flesh-forming food. Food-things are often not what they seem. A single day's food-supply of lettuce would be thirty pounds or so, and of apples, tomatoes, cucumbers, or strawberries scarcely less. Besides water, these have much cellulose, but women, unlike rats, guinea pigs and rabbits, cannot build body-fat out of cellulose nor out of water. Most of us need more water, and the taking of it improves our digestion and nutrition.

In this matter it is figures that talk, we must sometimes recall, not opinions; knowledge, not guesses; facts, and not imagination. A box, that is a bushel, of lettuces looks a meal for the two-ton Tyrannsaurus Rex (Osborn), king of the earth's historic beasts, but in reality is not one day's diet for a man one-thirtieth part as large. Similarly, a big water melon looms immense in the Northern housewife's eyes, perhaps, but to the pickaninny in Southern Georgia it means only a moderate amount of sugar and water plus an amazing aggregate of joy,—and joy helps digestion; but that it furnishes actual calories of fat I am not as yet so sure! But as the pickaninny needs joy and water and sugar more than fat, it is as it should be. May the watermelon crop never fail!

A dozen or fifteen ideas and hints may be lined up to stand for a sort of fattening "system," in excessive or disliked leanness. Here they are:

1. *General food-abundance.* Four or five hearty meals each day, even though a hearty meal is one that disturbs for a few hours the action of the heart.

2. *Fats, both animal and vegetable,* in abundance. Fat meats, butter, suet, cotton oil, olive oil, corn, chocolate, milk, and cream that is cream. (The cows still do produce cream, just as cattle still have sirloin steak, but we now have to take them mostly on faith.)

3. *Starch.* Grains, breads, cakes, potatoes, vegetables, macaroni, tapioca.

4. *Sugar.* One of the curious things about the food-conservation propaganda is that it has not talked at all about glucose—grape sugar. There probably are millions of tons of glucose made in this country every year, and with a mixed diet for most folks it is, in reasonable amounts, a perfectly wholesome food. It is about four-fifths as sweet as cane sugar, and could be sold at retail for about 3 cents per lb. Why the use of that great supply of nutritious sweetening has not been suggested, I am sure I cannot tell. The reason, I believe, is largely a psychological one: there is a prejudice of long standing against glucose, but more against the name than the sugar. Glucose (grape sugar), corn syrup, sorghum (Chinese sugar cane), syrup, honey.

Chocolate combines fat, and usually sugar, with a large per cent. of protein, and therefore, is very concentrated nourishment. Chocolate (40 cents per lb.) is worth five times as much, so far as energy is concerned, as rump steak at the same price. Dates come in here, having much sugar in them.

Sugar is an instinctive food of most brutes, and therefore is "good food." Saccharin has no food value at all, and is used in cases of diabetes for sweetening where sugar cannot be allowed.

5. *Breads and cereals.* Starch in abundance is in all of them. Fat is found in corn meal. Bread is the staff of life, and no slender staff either, being a complete food.

6. *Storage, or underground, vegetables.* Tubers, such as potatoes, turnips, beets, etc.

7. *Nuts and dried fruits* are important fat-producers, if properly chewed. Chestnuts, cocoanuts, walnuts, peanuts—all are inexpensive, in normal times.

8. *Water,* lots of it. Up to the limit where too much laxity of bowels ensues, with meals and between. (The tap-water here in Boston and Cambridge, apparently, from the health-board reports, is supposed to be ahead of that of any city of its size in the country, based on the percentage of typhoid.)

9. *Putting on fat.* Abundant holiday, which is "freedom from care." Take off your soul the burden of this stupendous world! Drop it and see it smash. No one can be well nour-

ished who is "worried to death." Some of the worriers need simply a holiday, whether it be going away or even a mere change of mental attitude.

10. *Indolence.* Rest and sleep. Save the "sugar" in the blood and in the muscles, glycogen (starch). Cut down the outgo. Cultivate repose. Calm down. Be lazy awhile.

11. *Out-of-door life.* Enough to develop a good appetite and sound sleep, but not enough to use up the food too rapidly. Good digestion follows. Out-door life is a tonic to anabolism.

12. *Advice from an expert physician,* one who really understands about the internal secretions and their uses. Find one who has really and practically studied these and knows how to use them with valuable therapeutic effect, an endocrinologist.

13. *If expedient, a warm climate.* A region not hot, but warm enough to encourage and allow the accumulation of body fat. (Five minutes in a cold bath is enough completely to burn up the glycogen and "start" the destruction of your body-fat.)

These may prove to be the "lucky thirteen" for some folks, possibly for some of you!

For a bit of more explicit advice: Take, *in addition to the regular meal,* for breakfast, two large dishes of some cereal, with at least a quarter-pint of thick cream and abundant sugar; this is to be taken before or after the usual meal. This nearly always "works," and would usually fatten a "bean-pole" into a "barrel," unless there be a "leak" out through the pituitary or some other gland.

But don't neglect the psychological factors. Try it a month, and keep a record of your weight weekly. Weigh yourself *accurately* every week, wearing *exactly* the same clothes, and at the same time of day, on the same scales,—in short, by the same method and the same conditions throughout. Then you will really know how much you are gaining in weight from day to day.

Like the neighbor-youth, when I was a boy, who told people sometimes that he thought it was "nice to be a little bad," the overlean woman must learn to be (temporarily at least) a little lazy, go one step, if not two, toward the hilarious, life-long dissipation of the all-too-familiar woman of forty who has lived so fatly that she needs help, often a real boost, to step up the twelve-inch step of a car (be it a Pullman, a "trolley" at five cents per ride, or a limousine at $2000 per year).

One must stoop to conquer, but here the stoop is a moral virtue too. One must be a "little bad" and over-eat and over-sleep and over-idle all around. Slide down a bit on the steep descent which the great Roman has claimed to be so easy.

Common sense is, of course, of all kinds, the most uncommon; but that precisely is what one most needs here,—common sense, based on real knowledge and driven by a firm and consistent will.

Bad as it is, better have a flat foot than a "flat head"! Climbing is a stunt, they say, but any one can fall. Charity is commendable, but see to it that it begins at home, for altruism is good, but without egotism it cannot persist. "Defy nature if you choose, but you will pay the price."

You cannot build body-fat out of chagrin or longing or good intentions, nor beauty out of hopes. And after all is objected, the Major *is* a very fine man, and your Lieutenant would be, or at least might be, a joy forever. Perhaps.

Plump up, then, and live happy ever after!

HEARING TEST APPARATUS.

By Joseph Prenn, M.D., Boston.

The accompanying photographs tell the story. The patient sits in a chair with both ear-pieces adjusted closely to his ears.

The examiner stands behind him. The sound carrying from the examiner to the patient is not affected by the length of the tubing. The ones used in this illustration are five feet long, but the writer has also used ten and twelve feet of tubing with the same result.

The examiner whispers into the speaking tube numbers or letters of different scales, such as 99, 44, 55, or 66, or a, oo, and s, first with both tubes open, then by compressing one tube or the other, thus shutting off the sound to the corresponding ear. If the patient claims deafness of the left ear, for instance, the right tubing is compressed, and vice versa.

The tuning fork is of more positive value. A tuning fork of 64, 125, or 512 seconds is

struck and the prongs are applied to the lumen of the speaking tube, which tests the air conduction of the patient. Then the tuning fork is struck again and the handle is gently applied to the rim of the speaking tube or over the rubber, as, for instance, of the stem of the "Y" piece metal, which tests the bone conduction of the patient. The order may be reversed. Here, again, by compressing one tube or the other, or by telling the patient to remove one earpiece or the other, the air or bone conduction, respectively, is tested separately from the same median point.

The patient is in no wise aware whether the air or bone conduction is being tested.

What is the idea? It may be used ordinarily without confusion to the patient, and with time-saving to the physician. (Weber and Rinné tests.)

It is particularly intended for use in cases of suspected malingering, in doubtful cases in the examination of recruits, and in certain accident insurance cases. In absolute nerve deafness the labyrinthine test, of course, will have to be resorted to.

The writer wishes to thank the Aural Department of the Boston City Hospital, where the idea of this apparatus first came to his mind, and the Massachusetts Charitable Eye and Ear Infirmary for the interesting discussion when he was made to elaborate upon the method of its application.

IDIOPATHIC EPILEPSY A SYMPATHICOPATHY.

By Edward A. Tracy, M.D., Boston.

(*Concluded from page 874.*)

In bringing this essay to a close, it appears desirable to review briefly the phenomena reported herein that demonstrate the diseased condition of the sympathetic neurones in idiopathic epilepsy. The chronic vasoconstriction spots which have been discovered, with their intensifying and fading while under observation,—even while the patient slept,—demonstrate a diseased condition of the sympathetic neurones involved in their production. The many abnormalities of the reaction times show, likewise, a diseased condition of the sympathetic neurones, upon which, it has been shown, the reaction times depend. The "newborn" vasoconstriction spots discovered on the photographs demonstrate a diseased condition of the sympathetic neurones involved in their production. An interesting and significant fact connected with these latter spots is their relation with an outburst of convulsions in the patient photographed. The photographs showing the "newborn" spots were taken at 11 a.m., Sept. 25, 1916. That night a series of six convulsions started at half-past two o'clock. There had been none for nine days. The reaction times taken at 6.30 p.m., the same day, showed an increase of irritability of sympathetic neurones. The increased irritability so frequently demonstrated in sympathetic neurones, preced-

ing convulsions, reveals a relation between the diseased sympathetic neurones and the most terrible phenomenon of this disease,—the seizures.

While the clinical manifestations of diseased sympathetic neurones in idiopathic epilepsy, that have been described in this essay, demonstrate clearly the sympathicopathy of this disease, it remains to be shown that there is a pathology for this sympathicopathy. Echeverria, in his book "On Epilepsy: Anatamo-pathological and Clinical Notes," wrote in his Preface to it, the following: "Five additional autopsies have regularly displayed the alterations I have pointed out in the sympathetic. The lesion is constituted mainly by a proliferation of connective elements, and their subsequent substitution to the nerve cells and fibers, finally undergoing retrograde degeneration. The change exhibits itself, in various stages, throughout the nerve plexus, around the vertebral and cerebral arteries, and in the cervical sympathetic. It operates essentially in the alterations of the capillaries in the brain and medulla, and I am not aware of any mention made of such a lesion of the sympathetic as proper to epilepsy." Besides these five cases alluded to in the Preface to his book, Echeverria tabulated in his text twenty-six autopsies on epileptics.[2] In three of them no examination of the sympathetic was made. In four, only the head was opened. In one, the microscopical examination of the nerve centers was not made. These eight cases are, of course, negative, as the sympathetic system was not examined. In every case in which the sympathetic system was examined, a pathologic condition of it was found. The cases, eighteen in number, are here copied, with that part of the protocols only which refers to the sympathetic system. The ages of the patients autopsied ranged from one to sixty-eight years.

Female, 38. Epilepsy and dementia. Degeneration of the medulla and sympathetic.

Female, 26. Epilepsy. Sclerosis of the sympathetic.

Female. Epilepsy. Sclerosis of sympathetic.

Male, 20(?). Epilepsy. Pigment infiltration and amyloid change of sympathetic.

Male, 3. Epilepsy. Degeneration of the medulla, pneumogastrics and sympathetic.

Female, 22. Epilepsy. Cervical sympathetic, and solar and lumbar ganglia changed in structure.

Female, 1. Epilepsy. Medulla oblongata and sympathetic degenerated; abdominal ganglia with pigment infiltration.

Female, 35. Epilepsy. Deep alteration of the whole sympathetic ganglia.

Male, 67. Epilepsy. Sympathetic, displaying sclerosis.

Male, 16. Epilepsy. Sclerosis and pigment infiltration of the sympathetic.

Female, 31. Epilepsy—alcoholic. Pneumogastrics and sympathetic very much altered.

Male, 9. Epilepsy. Medulla oblongata and sympathetic degenerated, with great hyperplasia of connective elements in the solar plexus, and disintegration of the ganglionic cells.

Male, 43. Epilepsy—alcoholic. Sclerosis and fatty changes in cervical sympathetic.

Female, 6. Epilepsy, idiocy. Medulla oblongata and sympathetic very much altered.

Female, 35. Epilepsy and dementia. Medulla and sympathetic deeply injured.

Female, 68. Epilepsy and dementia. Sclerosis and fatty degeneration of the sympathetic.

Male, 18. Epilepsy—lasting one year. Gelatinous degeneration of the solar ganglia, also present in the cervical sympathetic.

Whether the knowledge that idiopathic epilepsy is a sympathicopathy will help to unlock the many mysteries of this disease,—the mystery of its onset, of its seizures of unconsciousness and of convulsions, of its dementia; and whether it furnishes a key to a more successful treatment,—it remains for further research work to disclose.

The photographs from which the plates were made, I owe to the kindness, here gratefully acknowledged, of Dr. E. E. Southard. They were taken at the Boston Psychopathic Hospital by Mr. H. W. Taylor, of Cambridge, Massachusetts. Without them, photographic proof of the correctness of the observations on vasoconstriction spots reported in this essay would be lacking. This proof is furnished by the "newborn" vasoconstriction spots on the plates, to which attention has been called.

REFERENCES.

[1] Tracy: The Normal Reaction of the Skin to Stroking. BOSTON MEDICAL AND SURGICAL JOURNAL, Vol. clxxv, No. 6, pp. 197-199.
[2] Echeverria: On Epilepsy: Anatamo-pathological and Clinical Notes. New York, 1870. p. 138.

Society Reports.

THIRTY-SECOND ANNUAL MEETING OF THE AMERICAN ORTHOPEDIC ASSOCIATION.

ARMY MEDICAL SCHOOL, WASHINGTON, D.C., APRIL 22-23, 1918.

(Concluded from page 878.)

DISCUSSION.

MAJOR RICH, M.R.C., said the papers of Major Rugh and of Major Corbusier were of great interest. The keynote of Major Rugh's paper was "we are at war," and that of Major Corbusier's was "the stress of circumstances." Ideas had changed during the past six months. Many cherished ideas had gone by the board. He felt that everything Major Rugh had said was practical, except that the orthopedic man should instruct the regimental surgeon. There were enough orthopedic men to go to the camps and do the work well. A certain amount of surgery was permissible for orthopedic defects in drafted men. Those that should be sent home were the men with rigid flat foot. Operations might be performed on bunions of the 5th toe or 1st toe, and on ingrown toenails. The orthopedic man could do much by non-surgical treatment. In the South the special point they had been laying emphasis upon was the weight-bearing capacity of the foot. With this in mind, feet were classified into four groups: (1) acute foot strain; (2) weak feet, requiring ordinary felt pad for support; (3) ankle valgus—in this the weight-bearing function is thrown where it belongs; (4) lateral arch conditions. Here the weight is thrown outside of the foot. Correction and support were needed. In this connection it was advisable to say that all necessary alterations could be made with an outfit costing ten dollars. It was waste of government money to get $1800 outfits.

COLONEL C. L. STARR said that he had learned by experience some things in regard to foot strain. One point was in regard to operation. No man operated upon would be fit for line duty. A certain degree of flat foot could be used in front line work, but when it passed that point it was no good to try to use it. The man was a nuisance to the officer and to his fellow soldiers. It was best to put these men into the line of communication. A man with claw foot could never make a soldier. It was impossible for him to march and carry a pack for twenty miles. He could be put into the labor battalion for the line of communication work. The pads which are called Cook's wedge, Robert Jones was responsible for. The heel is carried forward on the inside. They give wonderful service. In regard to the question of curing flat foot,—many men come into the camp with muscularly weak feet. The drill was made too hard at the beginning and carried too far, with the result that the feet give way. A little more judgment in the early stages of the training would eliminate much foot strain. In regard to the reconstruction company, it was noticeable when many men were drilling that the drill sergeant made them place the feet at an angle of 45°, although it was more often at 90°. He thought the Association should make its opinion known that this angle of placing the feet was a very bad one. The position of attention should be with the feet parallel, instead of at 45°.

DR. MYERS said that there was a point to be observed in regard to the short tendon of Achilles. It would be well to consider whether a flat foot could be improved by exercise or would continue flat. A very short tendon indicated hypertrophy of the calf muscles, and exercise would increase the difficulty. With the anterior muscle exercise would be more beneficial.

MAJOR J. RIDLON, M.R.C., said that during four months' supervision of various camps he had been led to form certain conclusions. The question was, what flat feet should be rejected by the examination boards? The answer was that *all rigid* feet should be rejected. All flexible feet, so far as arches went, should be accepted. As to the short Achilles tendon, if not actively painful, they could be compensated in two ways,—a stiff shank could be worn so that there was no motion between the os calcis and ball of the foot, and the other way is to raise the heel of the shoe. The question as to what operations should be done on recruits to make them fit for service, should be answered by saying that *no operations* should be performed. Every soldier sworn into service who was compelled to submit to operation, had a positive ground of complaint against the Government because he submitted to an operation for disability, in the line of duty. The key of the whole foot problem was in the intelligent, pa-

tient, persistent attitude on the part of the orthopedic man with the line officer. Most line officers with whom the speaker had come in contact were men of the Regular Army, and these men had not much consideration for surgeons in the Regular Army. They had to be taught that the Medical Reserve man was different from the Regular Army surgeon. After a while, when they want good service, they are apt to go to the Medical Reserve man. Until the line officer is convinced that the Medical Reserve officer is able to make the men efficient, to do things that have not been done before, the medical officer is up against a hard proposition.

MAJOR RYERSON, M.R.C., said he felt that not enough had been said about traumatism of the foot due to arthritis. Many cases were seen with no true static trouble. There were some cases in which the patient should be operated on if nothing foolish was done. Simply to remove the part of the metatarsal head that was causing the trouble, by chiseling off the inner side, the foot would still be extremely useful. The foot would be normal within three weeks. In camps it was not often easy to get proper shoe-making material. If possible to get it properly done, a projection of the heel on the inner side would help in many cases. The experience of the Allies would not be thrown away on American army officers. The order had recently been sent to camps that no operations should be done for derangement of the knee joint, for hallux valgus, etc.

DR. H. P. H. GALLOWAY said he had listened with a certain degree of amazement to the account of efforts made for the salvage of physically imperfect men. He was glad to hear Colonel Starr speak of the Canadian viewpoint in this matter. Canada had sent 100,000 soldiers and had made nothing like the attempts at reclamation which had developed already in the United States Army to fit the men for service abroad. Men operated on to make them fit for service in the front line would in time be found liabilities rather than assets. Positions should be found for these men in the Army where there would be comparatively little demand upon their marching capacity.

CAPTAIN H. LEWIN, M.R.C., said that at Camp Grant among the men he had come across a chiropodist and a masseur. He had at first feared that these two individuals would give themselves airs, but he found that they were very helpful, and that the best thing he ever did was to take them under his direction. The chiropodist taught him many useful hints in regard to putting pads on the foot, and a preparation called Griswold salve, for sticking the pad in place just where it was wanted. At Camp Taylor there was neither chiropodist nor masseur, and he would have been glad of their services. The men had been glad to have the Jones heel put on their shoes. They had to pay one dollar to get this done. In regard to the making of flat feet by too strenuous drill, there was another point to be noticed. Men in hospital with grippe and tonsillitis were allowed to walk around all day in slippers. This was at a time when all the bony tissues were relaxed from recent infection and there was no support for the foot. This was extremely undesirable. He had always insisted that the regular shoes be sent over and the necessary support thus given. Another point was that soldiers put on foot exercise should be carefully supervised. Many times they did the exercises absolutely wrong, and more harm than good resulted. In regard to malingering, he had seen one man who had declared that he could not bend his leg for fourteen months. He was put under anesthesia and the leg easily flexed. A cast was put on under the anesthetic. The man was sent back to full duty in seven days.

CAPTAIN MARSHALL, M.R.C., said that the malingerer was a bad class of individual to deal with. Very often the medical officer was positive that there was nothing wrong and yet it was very difficult to prove. These persons were often of very low order of intelligence. One point he thought should be brought to attention of the line officers. At Camp Taylor he had noticed that the new recruits were put on forty hours' drill before they were fitted with army shoes, or when they had just been given new shoes. This was a very likely cause of disability. Anyone who had worn new shoes for one day would know that it would be a very hard matter to wear them for many hours of drill. This poor arrangement was carried on at the same time as the inoculations against typhoid, smallpox, etc. The men were suffering from fever or malaise of more or less severity. Such procedures were contrary to all

good orthopedic measures. In regard to the alignment of the foot, good results were secured by raising the inside of the heel, and thus placing it in better relation with the os calcis and the tibia. At Camp Johnson there were a number of men on service in the quartermaster's department. These men did not require a high degree of foot efficiency and were able to carry on such duties perfectly well. In regard to the camp cobbler,—often one was not obtainable. At Camp Taylor the services of a carpenter had been found quite efficient. The work was not very ornamental, but it had been the mean of relieving a number of trying foot conditions.

Major S. C. Baldwin, M.R.C., said that he could not agree with some of the statements that had been made. He said that the Surgeon-General's Office kept the chiropodist where he belonged,—in the background. These men had been trying to get in. Even if Captain Lewin had learned something from them, he did not need to tell where he had learned it. A few osteopaths had been found in the camps, but if they were going to have massage they should insist on the right kind of massage. He agreed with Colonel Starr that one could not make good soldiers out of men with bad feet, but it was necessary to give them what treatment one could. He could not agree with Major Corbusier, who objected to supporting the long arch of the foot and yet supporting the transverse arch. If the longitudinal arch should not be supported, why should the transverse? Both would weaken the muscles. Robert Jones feels that in paralysis of the extensors the arch should be supported all the time. When the tendons that support the ligaments are too long the tissues never regain tone when relaxed. In his opinion, Major Baldwin said, the thing to do was to give more treatment and use such supports as would keep the arches up until strong enough to be given more weight and tension. This could be done by giving more exercises and baths and keeping the foot in a correct position. The support should not be under the heads of the metatarsal arch; they should be back of the heads of the metatarsals. This would give support without irritation of the joints. One could not make first-class front line soldiers out of foot inefficients, but one could make men who could do useful work in other directions. It took time to get back tone to stretched ligaments, but support, exercise and massage would accomplish this end, if properly applied.

Dr. I. Nathan said that he had never seen men with relaxed feet, that is, those where the ligaments and muscles had been stretched, who were able again to use their feet as the normal person does.

Dr. C. Riley said that in the examining boards they had been putting flat feet into Class C. The direction of the os calcis should be considered. It should be slightly upward, forward and outward, and if the direction were turned another way there would be trouble. In the Munson shoe the depression of the heel is deep on the inside instead of the outside. The ball of the foot sinks deepest. To get a good shoe the last must be made that way. Care and attention should be paid to the making of the last. Men often had arches too long for the shoes they were wearing. It would be worth while for orthopedic men to get together and follow out the methods of Cook and Whitman. This would eliminate trouble and the making of so many shoes that had to be fixed over.

Dr. M. J. Lewin of New York asked to be allowed to address the members on the subject of chiropody. He stated that he was the head of the Chiropodists' Institute of New York, and would ask the members to recognize the work they were doing.

Major Whitbeck said that the work of caring for the feet of the men in camp was now well coördinated. The question of operations was settled by the last order from the Surgeon-General's Office.

Dr. John Porter said he had seen men with flat feet who were discharged, although they had perfectly strong feet. He recalled the story of a mountaineer who had gone to the camp to enlist and was turned down because he had flat feet. He complained bitterly at this decision and said that he had walked 120 miles to enlist and did not want to have to walk back again.

Major Whitbeck said that there had been difficulties in the pioneer work, but that now the men chosen were able to stand the marches

well. The question as to what cases to accept and what not to accept was still a debatable one. Judgment must be used to determine what men were fit for front line work. Those who were not should still be able to give efficient service to the Government in some capacity.

MAJOR H. CORBUSIER said that he would recommend putting all doubtful cases into the reconstruction camp. Without this test it was absolutely impossible to tell whether a man would be fit or not. That was a true story told by Dr. Porter. He had heard it down South too. According to regulations, one should not accept cases of subluxation of the foot, but one should find out if the man has symptoms or not. The suspected case should go into training camp. His psychology should be studied. Their Canadian friend said, "don't try and salvage men," but if one excluded men for flat foot it would have a bad moral effect. Such a man should be put into training to see what he was fit for. All kinds came to the camp, even one case of peg-leg, who had been examined on one side only! Sixty-five per cent. of these men could be saved. The ability to march was the final test. The rest of the men could be made to work on selective duty. In regard to supporting the longitudinal arch, it was necessary to guide the foot and put it back into proper position for weight-bearing function. The transverse arch should also be supported to some extent.

MAJOR RUGH said that the transverse arch condition was extremely rare. Corns and callosities would disappear when proper shoes were fitted, and the chiropodist was not necessary. In regard to the special reconstruction sections, it was necessary for the orthopedic men to instruct the officers how to drill the men. In France there were no men and there was no time to take care of the feet. The men would suffer if the regular officers did not understand these questions. The safest rule to observe is to catch the case before it breaks down. The potential weak foot must be discovered and trained.

MAJOR J. P. LORD said that he thought operation had been over-criticized. Comparatively little had been done, but the men had been able to go back to full line duty. This was before the recent order prohibiting operations. One objection to operation was that it gave the malingerer the upper hand. Hard reconstruction training was the best way to deal with these men.

DR. JOHN PORTER asked for a vote of thanks from the meeting for the coöperation from the Surgeon-General's Office, without which the success of the meeting could not have been attained. This was seconded and unanimously carried. There being no further business, the meeting adjourned.

NEW ENGLAND PEDIATRIC SOCIETY.

THE fifty-first meeting of the New England Pediatric Society was held at the Boston Medical Library, on Feb. 1, 1918, at 8.15 p.m.

Dr. Charles Hunter Dunn of Boston in chair.

The following papers were read:

1. President's Address—"Tuberculosis in Infancy," Charles H. Dunn, M.D., Boston.
2. "Clinical Spasmophilia," W. W. Howell, M.D., Boston.
3. "Experimental Studies on Growth after Feeding Certain Ductless Glands," Warren R. Sisson, M.D., Boston.

Light refreshments were served after the meeting.

DISCUSSION.

DR. F. B. TALBOT (Dr. Sisson's paper): I would like to say in this connection that Dr. Sisson has brought to our attention one of the most interesting and most important phases of the advance of pediatrics. The question of growth is negative in the part of the paper he presents, but I have no doubt he could have gone on to tell us more and more about the growth and the effect of water-soluble and fat-soluble elements, which are so important for growth. I expect, as time goes on, all of us will be talking and reading papers on this advanced phase of pediatrics.

DR. F. B. TALBOT (Dr. W. W. Howell's paper): I think Dr. Howell's paper is very interesting and instructive. I agree in general with what Dr. Howell says, in that the exciting cause must be found out. I do not agree with him in the impression that he gives that the metabolism has nothing to do with it. I have seen instances in which the spasmophilic symptoms were brought on by an over-dosage of sodium salts and stopped almost immediately by

the subcutaneous injection of magnesium salts. I believe the salts are intimately connected with spasmophilia.

I think Dr. Howell would be interested in Dr. Brown's article on clinical observations of Canadian babies. He noticed that when a baby had spasmophilia he usually was constipated, and that when he had diarrhea these symptoms were absent. This fits in very well with the theory that sodium and potassium salts have a very definite connection with the spasmophilic symptoms.

I have seen the same symptoms come almost immediately from the use of potassium or potassium citrate in pyelitis and disappear with the use of calcium, without any change in the progress of the pyelitis. Of course pyelitis is a disease which takes months and months to cure, but these symptoms were cured in a few hours, so, in that respect, I disagree with the conclusions.

Dr. Smith (Dr. Howell's paper): I would like to ask Dr. Howell one or two questions. First, what kind of calcium did you use? Second, how much was given?

I have seen considerably fewer cases of spasmophilia than Dr. Howell, and I imagine I have been particularly fortunate in the results from calcium and phosphorus and cod liver oil. I have not yet seen a patient who did not respond favorably to that method of treatment.

One child I saw had typical attacks of spasmophilia which came on without any apparent cause that I could discover. I advised phosphorus and cod liver oil, and in forty-eight hours the symptoms had entirely disappeared.

I have another child in mind whom I saw several times in three successive attacks. The first attack was cured by the giving of breast milk; the second and third attacks were cured with phosphorus and cod liver oil.

It seems to me there is more to be said of the cure by drug therapy than Dr. Howell recognizes in his paper. I agree with him that it is extremely important to continue searching for the exciting cause of the condition.

Dr. Howell (in closing): *Question.* What kind of calcium did you use? *Answer.* We used tri-basic calcium phosphate in cod liver oil, calcium lactate and calcium chloride.

Question. How much was given? *Answer.* We gave it in small and large doses, up to 75 grains of calcium chloride daily.

Since Dr. Smith has brought up the question of treatment, I must confess that at first I was rather enthusiastic about the use of calcium, but it fell down so many times that I have rather lost faith in it. Babies would have manifest signs, even when the calcium was being given.

Book Reviews.

Medical War Manuals, Nos. 1, 2 and 3. Philadelphia and New York: Lea and Febiger. 1918.

These form a set of useful little books which should prove of immense service to medical officers in the present war. The books are small, of a size to be conveniently carried in the pocket of a uniform, and furnish valuable data to medical officers face to face with actual war conditions.

Medical War Manual No. 1, "Sanitation for Medical Officers." By Edward B. Vedder, M.D., Lieutenant-Colonel Medical Corps, U.S.A. This is a guide for sanitary work in the Army. As far as possible the information has been made official by the inclusion of sanitary orders and circulars bearing on the topics discussed. The book covers sanitation on the march, in camp, in the trenches, and on the battlefield; gives information about insects concerned in the transmission of disease, and tells how to guard against their breeding; it deals also with transmissible diseases and presents the most recent knowledge concerning the etiology and transmission of the disease in question, with all information necessary upon which to base a sanitary campaign for its control.

Medical War Manual No. 2, "Notes for Medical Army Officers." By Lt.-Col. T. H. Goodwin, R.A.M.C., with an introductory note by Surgeon-General William C. Gorgas, U.S.A. This book deals with the general problems which a medical officer will encounter on the Western Front. The first section of the book is devoted to the Organization and Administration of the British Army, with special reference to the medical services, how the wounded are cared for, duties of medical officers behind the lines and in battle. The second section gives general information about War Surgery, treats the various kinds of injuries and their care. The third section deals with Sanitation in War, as regards the sanitary units in the field. Quoting from the Foreword of Surgeon-General Gorgas: "These 'Notes for Army Medical Officers' are based upon the long practical experience of the distinguished author at the front, and include much information which will be of the greatest value to members of our Medical Service as they

go abroad on active duty with troops in France."

Medical War Manual No. 3, "Military Ophthalmic Surgery." By ALLAN GREENWOOD, M.D., Major, M.R.C., U.S.A.; including a chapter on Trachoma and Other Contagious Conjunctival Diseases, by G. E. DESCHWEINITZ, M.D., and one by WALTER R. PARKER, M.D., on Ocular Malingering. This book has been compiled with the idea of providing, in a condensed form, suggestons that may be helpful to medical officers who have to deal with the special ophthalmic problems which arise in the daily routine of active army medical work, especially in the dressing stations and hospitals throughout the war zone. It is not a complete treatise on ophthalmic surgery, but deals with the problems which will confront the war surgeon. The chapters concerning trachoma and the danger of its spreading through an entire army, and the tendency of recruits to malinger in physical examination, are of much interest.

The Institutional Care of the Insane in the United States and Canada. By HENRY M. HURD, WILLIAM F. DREWRY, RICHARD DEWEY, CHARLES W. PILGRIM, G. ALDER BLOOMER, and T. J. W. BURGESS. Edited by HENRY M. HURD, M.D., LL.D. Vol. I. Baltimore: The Johns Hopkins Press.

This extremely valuable and careful history of a great subject is a book of more than passing interest; and it is a great credit to the American Medico-Psychological Association that it should have undertaken and fostered the production of such a history, no less than that among its members should be found a body of men, both able and willing to carry out the immense labor involved. The volume which has now been published shows not only evidence of careful research in the vast array of facts that are here preserved, but evidence of careful editing in the presentation of these facts. There is a unity to the whole, and a notable lack of repetition that is the certain proof of the care and skill with which this part of the work has been done.

This volume will well repay anyone for the time required for a careful reading, and among the topics treated, the chapters on the early legislation for the insane, the development and extension of methods of treatment, and that on training of nurses and attendants are, perhaps, especially noteworthy; but the exceedingly clear account, in spite of its condensation, of the philanthropic work of Miss Dix will probably attract the attention of more readers than the chapters on the more strictly medical aspects of the subject. The chapters on the laws in relation to the care and commitment of the insane, the one on insanity among the negroes, Indians, Chinese, and Japanese in the United States, and that on the statistics of insanity, show the care with which various aspects of the great problem of mental disease have been considered.

An Intermediate Textbook of Physiological Chemistry with Experiments. By C. J. V. PETTIBONE, Ph.D. C. V. Mosby and Company. 1917.

This book presents a rather disappointing attempt to express modern physiological chemistry briefly and easily. To this end there is entire omission of debatable material, and with this omission one feels that stimulation and suggestiveness have also gone. It is hard to picture the group of students for whom the book is intended. If medical, far too little is given; if collegiate and in preparation for medicine, it would seem that the time could be better spent in more fundamental general chemistry.

The first part gives a twelve-chapter summary of current ideas upon the general composition of foods, the mechanism of digestion, absorption and excretion. The second part consists of laboratory exercises of simple nature which are well selected and well described, but would require considerable elaboration if used with medical classes. Omission of recent microchemical methods is necessary in a book of this character and rather definitely precludes its use for reference by hospital workers.

Urology: Diseases of the Urinary Organs; Diseases of the Male Genital Organs; The Venereal Diseases. By EDWARD L. KEYES, Jr., M.D., Ph.D.; Professor of Urology, Cornell University Medical College; Surgeon to St. Vincent's, and Urologist to Bellevue Hospital. With two hundred and four illustrations in the text and eighteen plates, four of which are colored. New York and London: D. Appleton and Company. 1917.

The Van Buren and Keyes textbook, published in 1874, was generally considered, and was, undoubtedly, the best book of its kind in the English language. The present book, the third in line following it, contains in its nine hundred pages an excellent and complete summary of the present-day knowledge of matters pertaining to genito-urinary surgery and the venereal diseases. Recent advances, as the younger Keyes states in his preface to the present volume, have largely destroyed the scientific value of the preceding ones, and this book is in great part new. The sections devoted to Cystoscopy, Radiography, Renal Function Test, Renal Infections and Tuberculosis are new. The book, as a whole, is of greater clinical value than its predecessor, not only because it contains the more recent knowledge on these subjects, but because its author's increased maturity and ex-

perience have enabled him to put more of himself and his own work into it. Adequate experience, a keen appreciation of the perspectives and relative values of its many subjects, expressed in strong, vigorous language, make this volume a satisfactory textbook and, what is much more rare, a pleasure to read. The illustrations are many and, for the most part, new. The publisher's work is well done. All in all, the book is worthy of its dedication. It comes from the pen of a son to his able and learned predecessor, his "beloved father."

Common Diseases of the Male Urethra. Being a Course of Lectures Delivered at the London Hospital. By FRANK KIDD, M.B., B.C. (Cantab.); F.R.C.S., Eng.; Assistant Surgeon, London Hospital; Surgeon in Charge of Genito-Urinary Department, London Hospital; Member of the International Association of Urology; Membre de l'Association Française d'Urologie; Member of the Medical and Military Committees of the National Council for Combating Venereal Diseases. With an Additional Lecture on the Clinical Pathology of Urethritis. By DR. PHILIP PANTON, Clinical Pathologist, London Hospital. With many illustrations. London, New York, Bombay, Calcutta and Madras: Longmans, Green and Company. 1917.

This book contains six lectures delivered at the London Hospital by the author, including one on the Clinical Pathology of Urethritis by Dr. P. N. Panton, Clinical Pathologist to that Hospital. It also includes various appendices which concern themselves with clinical matters pertaining to the study and the care of venereal disease. The book is quite apart from the ordinary run of small manuals and quiz compends so frequently published. It attains real authority and distinction from the recognized position and attainment of its authors, and also from the excellent work of its publishers. It is a small book, worthy of a place in any surgeon's library.

Collected Papers of the Mayo Clinic. Rochester, Minnesota. Edited by MRS. M. H. MELLISH. Vol. 8. 1916. Philadelphia and London: W. B. Saunders Company. 1917.

The 1916 volume from the Mayo Clinic contains about one thousand pages and one hundred monographs by forty-two contributors. The former classification is followed, and the volume is uniform with those of previous years.

Prominent among the very large number of monographs of general surgical interest are those upon syphilis and tuberculosis of the stomach; splenectomy: its indications, limitations and technic, is likewise treated in a most thorough and satisfactory manner. The urogenital section is also exceptionally good. But it is fruitless to endeavor to single out individual parts, when the whole is so admirable.

The illuminations are, as usual, entirely beyond adverse criticism. We notice that some monographs are still without conclusions in the writer's own words—a small but definite lack.

There is included in the volume a brief but most cordial appreciation of Dr. John B. Murphy, written by Dr. William Mayo; also a memorial notice of Dr. Emil Beckman. Everyone who knew Dr. Beckman, still a young man of forty-four at the time of his most unfortunate and unexpected death, will join in the warm tribute paid to him. His was a quiet but forceful nature; he was a kind and attentive host, an eager student and a skilful operator. The Mayo Clinic, his friends and his family, have lost one whom they loved much in proportion to the degree which they were privileged to know him.

Notes on the Causation of Cancer. By THE HONORABLE ROLLO RUSSELL. London: Longmans, Green and Company.

This monograph is another of the type produced by laymen, of scientific and humanitarian interest in the study and control of disease. It is based on the theory that the cause of all cancer is to be found in dietetic errors, either causing local irritation of the gastro-intestinal tract, or diffuse irritation from the absorption or elimination of toxic substances. Statistics of cancer are investigated and interpreted to support this hypothesis. The author does not deny, however, that other forms of superficial mechanical irritation also produce cancer. In a preface, Dr. F. Dawtrey Drewitt comments on the intense and earnest scientific spirit of the author, and the great misfortunte of his death just before the publication of his book, which has been completed by Mrs. Russell. Though doubtless not conclusive, such a work is of value as a contribution to the study and ultimate solution of the great problem.

The Intensive Treatment of Syphilis and Locomotor Ataxia by Aachen Methods. By REGINALD HAYES, M.R.C.S., etc. Second edition; revised. London: Baillière, Tindall and Cox. 1917.

The aim of this little book is to emphasize the value of the treatment of syphilis by the inunction method as practised at Aachen, although the author states in his preface that inunction of mercury must not be regarded in any way as a rival of the injection of salvarsan. As to the latter method, the present edition varies from the first, written three years ago, chiefly in its advocacy of shorter intervals between the salvarsan injections.

Much stress is laid on the technic of inunction as practised at Aachen; and the drinking of sulphur water, together with the employment of baths, is regarded as of great assistance in the cure. The writer concludes that in the early stages syphilis is best treated by salvarsan used in conjunction with

mercury intensively administered. Later on, when the nervous system has become affected, the arsenical preparations do not seem to be able to affect the parasites with any certainty, while mercury still retains that power,—and mercury, by systematic inunction, is by far the most efficacious method. A number of cases are cited in detail, which illustrate the good effects of inunction in cerebellar and spinal syphilis, cerebral gumma, early tabes, early general paralysis, severe gastric crises, etc.

Surgery and Diseases of the Mouth and Jaws. A Practical Treatise on the Surgery and Diseases of the Mouth and Allied Structures. By VILRAY PAPIN BLAIR, A.M., M.D., F.A.C.S., Professor of Oral Surgery in the Washington University Dental School, and Associate in Surgery in the Washington University Medical School. Third edition. Revised so as to incorporate the latest war data concerning gunshot injuries of the face and jaws. Compiled by the Section of Surgery of the Head, Subsection of Plastic and Oral Surgery, Office of the Surgeon-General of the Army, Washington, D. C. With 460 illustrations. St. Louis: C. V. Mosby Company. 1917.

In the preface to the third edition of this excellent work, Doctor, now Major, Blair says: "The present revision is mostly confined to the parts related to injury and sepsis and their treatment, and was done by the Section of Surgery of the Head, Subsection of Plastic and Oral Surgery, as an expeditious method of giving, in a correlated form, the sum of the observations of the many workers abroad, to whose reports and recommendations, published, written and verbal, this section had access.

These were put forth in this form because, on the one hand, time did not permit of a full exposition of the subject in a special manual; while on the other it would be of less utility and somewhat awkward to attempt to present these observations while disregarding the well-established principles upon which they are based."

"The subject of peridental infections has been rewritten by Dr. Arthur D. Black, of Chicago, and read by Dr. Thomas L. Gilmer. Most of the illustrations were furnished by Dr. Black.

The chapter on local anesthesia has been revised by the original author, and that on general anesthesia by Dr. Ellis Fischel. Because of insufficient time, the other chapters, not referred to in this preface, were not revised.

The abstracting of the war literature and much of the assembling was done by Captain Robert H. Ivy, Medical Reserve Corps, of Milwaukee; while further reassembling and the reading of proof were intrusted to Captain Virgil Loeb, Medical Reserve Corps, of St. Louis.

The author has been collecting material for years for a general revision of this book, and certain matters referring to the repair of defects have been included in this revision, to which have been added some recent observations on cancer of the mouth." These additions add about one hundred pages to the previous edition.

The book continues to be the best single volume of moderate size that has been written upon the subject from the standpoint of the surgeon. It is again most cordially recommended to the profession.

Collected Papers of the Mayo Clinic. Rochester, Minnesota. Edited by MRS. M. H. MELLISH. Vol. VII. Philadelphia and London: W. B. Saunders Company. 1915.

The Mayo Volume No. VII, which bears the date 1915 but was distributed during the summer of 1916, is in the familiar size binding and general appearance of former years. Its thousand pages contain about ninety monographs written by thirty-seven contributors. For the first time, these contributors have titles following their names. These titles include "Director of Division of Surgery," "Professor," "Associate Professor," "Assistant Professor," "Mayo Foundation Fellow" and "First Assistant." The titles are either "In the Mayo Clinic" or "On the Mayo Foundation Graduate School, University of Minnesota."

The extraordinary surgical center, which is celebrated the world over, is, therefore, no longer simply a hospital or an isolated unit. It is a great clinic, closely associated with the medical department of a great university, and taking formal part in the education, not only of practitioners, as in the past, but of students also in the future.

The volume is, as usual, quite beside criticism; it must be read and studied. Conclusions carefully stated by the writers are included in many of the monographs, but they are still too often lacking. The illustrations are, of course, excellent in the highest degree. The printing and editing are admirable. It is entirely unnecessary to recommend the book to the profession.

A Treatise on Regional Surgery. By various authors. Edited by JOHN FAIRBAIRN BINNIE, A.M., C.M., F.A.C.S., Kansas City, Missouri. Vol. II. With 213 illustrations. Philadelphia: P. Blakiston's Son and Company.

The second volume of Binnie's is similar in size to the first. It covers the abdomen, the genito-urinary system and the spine. Drs. Ochsner, Mayo, Morison, McArthur, Coffey, Judd, Powers, Paul, Haggard, Lower, Fenwick, Gibson, Smith, Thornburn and Thomson are contributors to the volume. The pleasant things written of the first volume apply in equal degree to the second.

The sections vary widely in length, as might be expected. Haggard condenses "Spleen and Adrenals" into nine pages, five of which are illustrations; while Lower devotes ninety pages to

"The Kidney and Ureter." Coffey contributes an excellent chapter (forty pages) on the pancreas: it includes experimental work which is of distinct value, and outlines what might be described as the ultimate surgery of the pancreas. Gibson's section of "Diseases of the Prostate" is both concise and interesting; it is very freely illustrated.

In spite of the workmanlike character of the monographs by the American writers, there is something in the chapters written by the Englishmen that is lacking in the pages of the Americans. The Englishmen seem to have lived with their subjects longer and more intimately; they have more fully digested what they have read and have more quietly considered what they have done; their chapters are, perhaps, not quite so precise, but they are apt to be more interesting, and possibly more convincing; and they are not so conservative as tradition would have us believe. They have a personal friendliness for the tissues and organs of which they speak. Harry Fenwick, for instance, writes as follows: "At its lowest economic estimate a healthy bladder is one of the best assets of social man. At its highest, it is a life-preserving mechanism; only the latter aspect concerns us. Speaking confidentially and without prejudice, the bladder is a siphon trap in an elaborate water carriage for the disposal of effete and dangerous products." This certainly gives an unusual and somewhat "old world" viewpoint of the bladder! Other examples might be quoted, but it is perhaps unnecessary to argue that British and French medical writings much more closely approach literature than do those which come from the hands of our own overworked and somewhat restless specialist; dictation has not yet wrested the pen from the hands of the British authors.

We await with pleasure the appearance of the third and final volume.

Injuries of the Face and Jaw and Their Repair, and the Treatment of Fractured Jaws. By P. Martinier, Professor of the Dental School of Paris, Dentist to the Seine Asylums, Honorary Director of the Dental School of Paris; and Dr. G. Lemerle, Professor to the Dental School of Paris, Dentist to the Hospitals. Translated by H. Lawson Whale, M.D., F.R.C.S., Captain R.A.M.C., T. (formerly Captain I.M.S.), The Oral Department, No. 83 General Hospital, B.E.F.; Visiting Surgeon to the Throat, Nose, and Ear Department, The County of London War Hospital, Epsom; Laryngologist to the London Temperance Hospital, and to the Hampstead General Hospital. New York: William Wood and Company. 1917.

A small book containing 350 pages; it may be slipped into the coat pocket. It is printed in clear, sharp, good-sized type and effectively illustrated by a large number of simple woodcuts, and a few photographs.

The book is divided into three parts:

I. External Prosthesis.
(*a*) Remote or late;
(*b*) Immediate.

II. Internal Prosthesis:
(*a*) A guide to bony regeneration;
(*b*) Internal prosthesis proper, replacing missing tissues in the depth of the organism;
(*c*) Plastic prosthesis.

III. Fractures of the Mandible: lower and upper.

The author quotes Ambrose Paré's definition of Prosthesis: "Methods and devices for supplying that which, from natural or accidental causes, is lacking." It practically includes everything that can be done, or used, in the treatment of injuries of the face and jaws. The author says in the preface: "We have merely endeavored to systematize the innumerable efforts at prosthetic restoration which have been made, especially during the last fifty years."

Mr. Whale, the translator, a member of the Royal Army Medical Corps, is enthusiastic both about the importance of the subject and the worth of the author's contribution. He says: "To undertake the correction of smashed faces and jaws, from the moment of their arrival from the firing-line until they are fully restored, will satiate even an ambitious surgical appetite with a diet of science flavored with art. On any day the operator may be confronted with an emergency tracheotomy, a bullet to be removed from the prevertebral space, a carotid artery to be ligatured, accessory nasal sinuses (including frontal and sphenoidal) to be opened. The next day he may be busy with such delicate manipulations as raising the angle of a mouth, or with undertakings which must appeal to the spirit of a pioneer—for instance, moving large flaps, and grafting fat, cartilage, or bone. On the scientific side, the facial surgeon is brought into contact with the modern scientific product of dental education—the oral surgeon; and with the physician and bacteriologist, witness the (alas! too frequent) lung infections from septic mouths. And on the mechanical side, he is in constant collaboration with expert dental mechanics—the admirable workmen who construct ingenious splints to build out lips, shape noses, and so on. Truly, there is much interesting country in this surgical 'no-man's-land,' the face."

The book, therefore, gives both a French and an English point of view. The number and variety of procedures and apparatus are bewildering. The importance of the subject is far greater than the average physician realizes; and this little volume is a very definite and most acceptable aid to the surgeon. It is pleasant to have so much said so well in so short a space.

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MEDICAL ASPECTS OF THE MAN POWER BILL.

ON May 18, 1918, Mr. John F. Miller, representative for the First Congressional District in the State of Washington, introduced into the second session of the 65th Congress a bill (H. R. 12177) "to conserve and increase the industrial man power of the United States; to increase the efficiency of the military and naval forces thereof; enlarging the powers of the Public Health Service by creating and establishing therein a Division of Venereal Diseases; providing for the punishing of immoral persons afflicted with venereal disease, who go or attempt to go from one political division to another, and persons who assist or connive at the same; establishing internment hospitals; authorizing the Secretary of the Treasury to establish all needful rules and regulations relating to the subject matter of the act; and authorizing an appropriation therefor." The text of this important measure, which has been referred to the Committee on Interstate and Foreign Commerce, and which is of interest to physicians on account of its medical aspects, is in part as follows:

Section 1. That there is hereby created and established in the Public Health Service, a division known as the "Division of Venereal Diseases."

Sect. 2. That upon the passage of this act the Surgeon-General of the Public Health Service shall appoint an Assistant Surgeon-General to take charge of the division hereby created; or the Surgeon-General may appoint a commissioned medical officer in the Public Health Service to take charge of said division, which officer shall have the rank of Assistant Surgeon-General while performing said service and duty.

Sect. 3. That the Public Health Service, under such rules and regulations as the Secretary of the Treasury shall prescribe, shall, in addition to the duties, powers, and authority now vested in it by law, have power and authority: (*a*) to study, investigate, and conduct research work into the cause, prevention, and treatment of venereal diseases; (*b*) to construct, acquire, purchase, lease, or otherwise obtain internment hospitals, and to equip, manage, conduct, and operate the same; (*c*) to administer and apply medical treatment to persons afflicted with venereal disease while in said internment hospitals, and to issue orders of discharge therefrom upon cure; (*d*) to cause the arrest and prosecution of immoral persons afflicted with venereal disease who go or attempt to go from one political division into another, and to cause the arrest and prosecution of persons who aid, assist, or connive at the same; (*e*) to receive at such internment hospitals and to have authority and custody thereof for the purpose of examination or medical observation or treatment of all immoral persons afflicted with, or thought to be afflicted with, venereal disease.

Sect. 4. That it shall be unlawful for any immoral person afflicted with syphilis, gonorrhea, chancroid, or other venereal disease capable of being communicated to another person, to go or attempt to go from one political division into another. Any person violating the provisions of this section shall be declared guilty of a felony, and upon conviction thereof shall be punished by a fine of not less than $500 nor more than $1,000, or imprisonment

for not less than six months nor more than one year, or both such fine and imprisonment in the discretion of the court.

Any person who shall aid, counsel, connive at, abet, or assist any person in the violation of this act shall be declared guilty of a felony, and upon conviction shall be punished by a like fine or imprisonment, or by both such like fine and imprisonment in the discretion of the court: *Provided*, That this section shall not apply to immoral persons afflicted with venereal disease going from one political division into another in charge of the officers of the United States or of any State, county, or city, nor any officer having charge of such persons; nor shall it apply to any such immoral person when in charge of a member of the military or naval forces of the United States.

Sections 5 and 6 define the terms, "political division" and "immoral person." Section 7 provides for details of prosecution. Section 8 authorizes the construction of internment hospitals for venereal disease.

Sect. 9. That it shall be the duty of the Public Health Service, or any agent or officer thereof in charge of any such internment hospital, to receive into such station or hospital and to administer medical and surgical treatment to any person afflicted with syphilis, gonorrhea, chancroid, or other venereal disease capable of being communicated to another person who has been turned over to or delivered to the officers in charge of such detention or internment station or hospital by any State, county, or municipal board of health or health officer, civil or military court, sheriff or civil peace officer, military or naval authorities, and detained or held therein for the purpose of examination or medical observation or treatment upon the payment by such State, county, city, or municipal corporation of the actual expenses incurred by the Public Health Service in the care, keeping, and treatment of such detained or interned person, and the custody of such detained or interned person for such purposes by the Public Health Service, is hereby declared to be in all things legal: *Provided*, That the State, county, city, or other municipal division by the enactment of a law, by-law, ordinance, or other legislative enactment of general application shall so provide if provisions be necessary.

Section 10 establishes penalties for patients leaving internment hospitals without permission. Section 11 authorizes the Secretary of the Treasury to make necessary rules and regulations for the discipline, vocational, educational and moral training of patients in such hospitals.

Sect. 12. That the Congress hereby declares it to be the policy of the United States that immoral persons afflicted with venereal disease when at large going from one political division into another are dangerous to the public health and inimical to the welfare and happiness of the people.

Sect. 13. That jurisdiction is hereby conferred upon United States Commissioners to hear and determine as examining magistrates all violations of this act creating or defining misdemeanor or felony, and if upon such hearing it shall be established to the satisfaction of the commissioner that the person charged is afflicted with syphilis, gonorrhea, chancroid, or other venereal disease capable of being communicated to another, and also that there is reasonable ground to believe such person is guilty of the misdemeanor or felony charged, he shall have full and complete jurisdiction in the premises to issue mittimus of commitment, committing such person to an internment hospital for medical observation or treatment as in this act provided, during the interim of time between such hearing and the date of the trial, notwithstanding such person's ability to give or having given bond to answer and appear before the court to which such person is held on the crime charged.

Sect. 14. That the United States district court of the various districts shall have full and complete jurisdiction in all misdemeanors and felony cases defined by this act and shall have full and complete jurisdiction to enter judgment therein and shall at all times have jurisdiction to issue mittimus of commitment in proper case to any internment hospital.

Sect. 15. That in all prosecutions under Sections 4 and 10 of this act, if it shall be ascertained, either prior to or at the hearing before the commissioner or prior to or at the trial, that the person charged with felony or misdemeanor, as the case may be, is afflicted with syphilis, gonorrhea, chancroid, or other venereal disease capable of being communicated to another, the commissioner or the judge, as the case may be, may issue his mittimus of commit-

ment committing such person to an internment hospital for medical observation or treatment, and the hearing or trial may be ordered continued until such person shall have been discharged by the proper authorities from said hospital as cured, and that during said period of time the statute of limitations shall not be in operation.

This proposed act, which appears under the title of a "Man Power Bill," is in reality a measure intended to aid in the control of venereal diseases, which it aims to do rather by an increase in the powers of the Public Health Service than by a curtailment of those powers and a corresponding increase of the powers of the Army Medical Service. During a time of war, it is a question which of these methods would be preferable. In general, we are disposed to believe that the control of a problem so large, so vital, and so perplexing as that presented by the venereal diseases, is better to remain in the hands of a civilian, rather than of a military, service, since the former can more properly deal with all elements of the community. Nevertheless, *inter arma leges silent;* and if upon careful consideration in committee, it seems wiser to place the control of venereal diseases under military jurisdiction for the duration of the war, there should be no objection to such procedure and to the postponement of Mr. Miller's excellent measure until the period of reconstruction and social reorganization which must follow.

NATIONAL TUBERCULOSIS ASSOCIATION.

THE 14th annual meeting of the National Tuberculosis Association was held on June 6 at the Copley-Plaza. Meetings were held by the clinical, sociological, and pathological sections, and an exhibition was shown of work done by the National Association, the Rutland Sanatorium, the Massachusetts Department of Health, and in Framingham and New York. The prominence of the speakers and the vast amount of educational material in the exhibition made this one of the most important meetings dealing with the tuberculosis problem held in Boston.

The address of Colonel George E. Bushnell, Medical Corps, U.S.A., Retired, was particularly interesting and appropriate because it reported the results of the campaign which the United States began a year ago as a war measure against tuberculosis. Colonel Bushnell explained the steps taken to standardize the methods and indications in order to secure uniformity in practice. He reported that in the examinations at officers' training camps, .362%, and in aviation service .159%, were found to have tuberculosis. At Camp Taylor, Kentucky, rejections averaged 1.61%. At Camp Kearney, California, examinations showed 4.831% to be tuberculous. An examination of five howitzer companies at Fort MacArthur, California, showed cases amounting to 20.55%. The National Army encampments report .673%. The National Guard reports a percentage of 1.099. Viewing the examination as a whole, Colonel Bushnell said that it was surely worth while to exclude from our Army 10,000 men, of whom the great majority had tuberculosis without a shadow of doubt. Viewing the matter from the pecuniary side, Colonel Bushnell said that at a conservative estimate, the tuberculous soldier costs the Government on an average of $1000 for pensions.

In speaking of conditions in the future, Colonel Bushnell deplored the fact that exigencies of war often make the highest value of examinations impossible, because of lack of time. In regard to the provision which the Government is making for the care of the tuberculous soldier, he mentioned the vast hospital expansion. The William Wirt Winchester Memorial Tuberculosis Hospital at New Haven, Conn., the hospital at Otisville, New York, the sanatorium at Markleton, Pa., a hospital under construction at Azalea, N. C., and other institutions will give a total of 5875 beds available for the treatment of tuberculosis in the Army.

Colonel Bushnell enumerated, also, the difficulties which must be surmounted in the future. The first problem will be to induce the patient to remain under treatment; every effort will be made to delay discharge until treatment has been proved efficacious. The second obstacle will be met when the soldier expresses a desire to return on furlough to his family and home. A further problem will be presented by those who are content to maintain themselves without work on a government pension, especially since, in curing the disease, complete relaxation of mind and body is neces-

sary, and he becomes accustomed to a life of ease and indolence. A further difficulty is presented by the fact that the tuberculous often do not realize that they are ill until they are very ill, and the mind craves diversion and loathes rest, when the body is not conscious that rest is needed. Colonel Bushnell advocated no diversion, but complete attention to the business of getting well.

Colonel Bushnell declared that in order to accomplish these results, a standardization of treatment is necessary. To effect this standardization, a course of instruction has been instituted for medical officers engaged in this work.

Another important address was made before the convention by Dr. D. B. Armstrong, who described the work being done in Framingham. Dr. Armstrong is reported to have made the following statements:

"In the last year, 5000 people were examined in Framingham. Over 2% of these, representing all ages and types, were found to be tuberculous. In Framingham not more than forty cases a year were under observation before the demonstration. In 1917, the first demonstration year, the number was 185. This proves that the cases are there and can be found. They must be found if the disease is to be controlled. The Framingham town agencies and the townspeople have set an example to other towns in discovering tuberculosis. All have coöperated to improve health. Physicians have been provided for the schools, the infant clinics and the factories, and the town now has the best health organization in the United States.

In 1917, the tuberculosis death rate was 9.9 per 10,000, as compared with 12.1 for the previous decade."

The following view of the Framingham work was presented by Miss Mary A. Abel, educational assistant in the demonstration:

"The chief educational activity of the Framingham Health Demonstration is in making people 'think' health in terms of the community. In doing this it is employing such agencies as newspapers, special meetings, lectures, exhibits, placards, posters, domestic science classes, lantern slide lectures, health clubs, and personal conferences. The demonstration is creating a community consciousness and responsibility in the matter of disease prevention by emphasizing the need for medical examinations at regular intervals.

"Over two thousand school children and three hundred freshmen in high school are organized as health crusaders, with a plan for keeping a daily record of health chores. Ninety-five per cent. of these children selected 'Community Health' for the topic of an essay on some phase of community life. The town is fully organized. Every street and every road in the country about is represented by a man or woman visitor who is doing volunteer service for the community in reporting sickness, births and general health conditions."

An experiment in which the Jewish Tuberculosis Committee of New York City operated a factory for the employment of convalescent and recovered tuberculosis patients, was described before the sociological section of the Association, by Edward Hochhauser, the executive secretary of this committee, and was, in substance, as follows:

"In the final analysis the real test of effective care of the tuberculous is the return of the patient to economic usefulness, and if possible, a condition of self-support. Finding that we could not obtain suitable employment for our patients in ordinary factories, we started a factory ourselves. As many of these patients had been needle workers, we took up garment making. Working and sanitary conditions were observed and regulated with great care, and the workers were constantly re-examined by a tuberculosis specialist.

"The results, we feel, have justified the experiment. As only negative sputum cases were accepted, the factory was primarily not a medical proposition, but an economic undertaking. As regards the patients, we found that the opportunity afforded to earn better wages than was otherwise possible, while also making progress back to health, proved a general stimulus and rehabilitated many individuals and families. The saving in relief, in the case of those who formerly required charitable assistance, has been far in excess of the cost of conducting the factory, and the families have had considerably more than they would have had if they had continued as relief cases. The saving in health and in relief would have justified our experiment, even if at the end of three years our resources had consisted solely of the equipment at the factory. As a matter of fact, we have been entirely self-supporting for the last seventeen months, and our resources, as reported by certified accountants, are equal to the amount advanced by the committee."

Dr. C. A. Prosser, secretary of the Federal Board for Vocational Education in Washington, is reported to have said in an address before the sociological section:

"Figures compiled from the averages of all belligerents show that for every 1,000,000 men mobilized, 10,000, or 1% of them, each year would be proper subjects for vocational re-training. In two years this would be 20,000, three years 30,000, and so on. On the basis of an

army of 5,000,000 men we should have 50,000 men per year who would need assistance and help in restoration and increase of their earning capacity, under the various classes of disability incurred.

"Of the 10,000 men out of the 1,000,000, fully 50% will require medical rather than surgical care—men who have developed tuberculosis, heart trouble, kidney trouble, and functional disorders. The other half of the 10,000 must have some sort of surgical attention. Of the 5000 surgical cases there will be, as the averages show us, 10% of dismemberment cases where there has been a leg or an arm lost, and of these 500 men 300 will have lost one or both legs and 200 will have lost one or both arms. The figures show an astonishingly small percentage of blindness. Out of the 41,000 men returned to Canada, there were only 27 blinded men.

A study of these and other figures carries the conviction that this problem is by no means wholly that of the cripple or the maimed. It is a problem of the man who has a complication of troubles or injuries that, while surgical, do not amount to dismemberment, such, for instance, as a man with the muscles of an arm shot away, causing him to lose the use of his arm.

With such a diversity of injuries, the work of re-educating these men becomes one which cannot be dealt with along broad general lines, but each man will require individual treatment, individual study of his case, individual training and individual efforts on his behalf in placement after he has been re-equipped to take up the broken threads of civilian life."

Lieut.-Colonel Harry E. Mock, M.R.C., of Washington, in speaking of "Reconstruction and Rehabilitation Work for the Tuberculous in the Army," advocated the following three lines of treatment for reclaiming the discharged soldier as a useful citizen:

(*a*) The best medical treatment, with certain adjuncts to secure the most rapid recovery.

(*b*) Certain occupations in connection with this treatment to prevent hospitalization and to refit for employment.

(*c*) Suitable employment after the disease is arrested or apparently cured, combined with proper medical, social and economic supervision.

Dr. Vincent Y. Bowditch, of Boston, contrasted the expensive systems of ventilation installed in many public buildings with the simple devices used in open-air schools and sanatoria, saying that the latter are not only much cheaper, but also more efficient.

ELKS' HOSPITAL.

THE reconstruction hospital which the Benevolent and Protective Order of Elks is erecting on Parker Hill, Roxbury, has been accepted as a gift by the United States Government. This is the first hospital of its kind to be given by any organization to the Government, and its function will be to return to society soldiers disabled in the war in as nearly their pre-war condition as possible. The new building and grounds, to be provided at a cost of $250,000, will be devoted to the medical, surgical, and occupational rehabilitation of soldiers, and will furnish the model for other hospitals which the Elks are planning to erect in New York, Chicago, New Orleans, San Francisco, and other large cities.

All the Grand Lodge and all district deputies of New England and the Elks' War Relief Committee attended the corner-stone exercises held on June 15. Brig.-Gen. John W. Ruckman formally accepted the hospital in the name of the Secretary of War. Among the speakers were: Grand Exalted Ruler Fred Harper of Lynchburg, Va., the Past Grand Exalted Ruler John K. Tener, Governor McCall, Mayor Peters, Major Frederick J. Cotton, who will have charge of the Hospital, and E. Mark Sullivan, Exalted Ruler of the Boston Lodge of Elks. Past Grand Exalted Ruler James R. Nicholson of this city is credited with being the father of the idea that led to the establishment of the reconstruction hospital.

The dedication of this hospital marks not only the inauguration of the important work of reconstruction for war cripples in the United States, but the addition of another large medical institution to those already grouped about the Harvard Medical School in Boston.

OFFICIAL NAMES OF LICENSED DRUGS.

IN another column of this issue of the JOURNAL is published a communication from Professor Stieglitz, Chairman of the Subcommittee on Synthetic Drugs of the National Research Council, of the American Medical Association relative to the identity of procaine and novocaine.

On behalf of the Committee, Dr. Stieglitz also urges that physicians adopt the Federal

Trade Commission's recommendation to use the official name of licensed drugs, and if the proprietary brand is to be used, to place this side by side with the official name.

The official names so far adopted by the Federal Trade Commission are:

Arsphenamine for the drug marketed as salvarsan, diarsenol and arsenobenzol.

Neoarsphenamine for the drug marketed as neosalvarsan, neodiarsenol and novarsenobenzol.

Barbital for the drug marketed as veronal.

Barbital-sodium for the drug marketed as medinal and veronal-sodium.

Procaine for the drug marketed as novocaine.

Procaine nitrate for the drug marketed as novocaine nitrate.

Phenylcinchoninic acid for the drug marketed as atophan.

MEN WHO REGISTERED JUNE 5th MAY ENROLL IN THE NAVAL RESERVE FORCE.

Provost Marshall General Crowder has informed the Bureau of Navigation that men who registered on June 5th, 1918, may enroll in the Naval Reserve upon securing the usual certificates from their Local Boards; the reason being that, inasmuch as new registrants have not been classified, they are not within the current quota, and until classification there is no reason why such releases should not be given upon request.

The foregoing ruling will allow men who contemplate joining the Naval Reserve to apply to their Local Boards for releases to enroll in the Naval Service.

MEDICAL NOTES.

London Death Rates in April.—Statistics recently published show that the total death rate of London in April, 1918, was 17.1 per thousand inhabitants living. Among the several districts and boroughs, the highest rate was 24.1 in Bermondsey, a populous southern slum, and the lowest was 9.9 in Lewisham, a more suburban region on the south.

Canadian Medical Work.—A conjoint meeting of the Canadian Medical Association, the Canadian Public Health Association, and the Association of the Medical Health Officers of Ontario was held at Hamilton, Ontario, from May 27 to June 1. The following are some of the principal items of interest on the program:

A symposium on the subject of the returned soldier problem, at which the Militia Department at Ottawa was represented. Addresses or papers by Dr. Charles H. Mayo, Rochester, Minn. (surgery); Professor L. Barker, Baltimore (medicine); Dr. Isaac Jones, Philadelphia (ear); Dr. Thomas McCrae, Baltimore; Dr. Leonard Rowntree, Minneapolis; Dr. Casey Wood, Chicago; Dr. Walter Parker, Detroit; Dr. John Wheeler, New York City; Dr. Joseph Beck, Chicago; Dr. H. Halsted, Syracuse; Dr. McGuire, Buffalo; and Dr. Hymman, St. Louis. A pathological museum, including a fine assortment from McGill University, exhibits from the Babies' Hospital, New York City, Queen's University, Kingston, the Western, London, Ont., and the University of Toronto Medical Department. Charts and literature in connection with the reform propaganda of the American Medical Association.

Dr. H. Beaumont Small, of Ottawa, who has been for 20 years treasurer of the Canadian Medical Association, presided.

WAR NOTES.

Lynn Physician Wins Commission in Navy.—Dr. William G. Ward of Lynn, a leading surgeon of Essex county, has been commissioned a lieutenant commander in the United States navy. He will have charge of five doctors and fifteen nurses. He is the twenty-fourth doctor from Lynn to enter the service of the United States.

Commissioned in the Officers' Reserve Corps.—The following New England appointments have been made in the Officers' Reserve Corps:

Captains, medical reserve, C. A. Ahearne, Jr., Salem; T. F. Carroll, Brookline; F. E. Withee, Newton Highlands; G. MacD. Albee, Worcester; J. W. Clarke, Attleboro; R. H. Vose, Boston.

First lieutenants, medical reserve, J. S. Johnston, Boston; F. D. Adams, Boston; J. P. A. Bacon, Lawrence; A. B. Gardner, Lowell; C. L. Hoitt, Lynn; R. H. Philbrick, East Northfield.

First lieutenants, sanitary corps, J. S. Brennan, Brockton; J. L. Campbell, Greenfield; B. F. Lamphier, Dorchester.

NEW DENTAL HOSPITAL AT CAMP DEVENS.—A new dental hospital, the first of its kind in the country, is to be opened at Camp Devens within a few days. The building, which is situated close to the Liberty Theatre in the center of the camp, has been completed. Hereafter, all of the dental work in the division and other organizations, with the exception of the Depot Brigade, will be done in this building.

The hospital is arranged to accommodate sixteen operators and is two stories high. The ground floor contains reception rooms for officers and men, a record room, an extracting room, and three officers' operating rooms. Most of the upper floor is given over to a clinic with twelve chairs. There is also a dental laboratory and locker rooms for the dental surgeons.

An annex to the camp dental hospital is to be established in the third infirmary of the Depot Brigade, where the teeth of the men in the Depot Brigade only will be treated by ten dental surgeons assigned to that work.

The new hospital will be in charge of Captain Thomas E. Power of Cambridge. Captain Walter Grandidge of Bridgeport, Conn., will have charge of the Depot Brigade Annex, and all of the work will come under the supervision of Major John L. Schock, the camp dental surgeon. First Lieutenant Frederick C. Daniels of Waterbury, Conn., is the division dental surgeon.

The dental organization at Camp Devens has the reputation of being the best in the Army. Nearly 60,000 different operations have been performed upon the officers and men of the camp during the past eight months, and, figuring the cost of materials and depreciation on each operation, it has cost the Government an average of 70 cents each. There are forty-six commissioned dentists in the camp at the present time, thirty-one of whom are assigned to the seventy-sixth division. The work done by Major Schock and his assistants has been the source of much favorable comment from Washington. Approximately 16% of the men in the first draft were rejected because of poor teeth, but the camp dentists materially reduced this percentage of rejections in subsequent drafts.

BOSTON AND MASSACHUSETTS.

WEEK'S DEATH RATE IN BOSTON.—During the week ending June 15, 1918, the number of deaths reported was 216, against 227 last year, with a rate of 14.36, against 15.33 last year. There were 34 deaths under one year of age against 25 last year.

The number of cases of principal reportable diseases were: diphtheria, 41; scarlet fever, 26; measles, 257; whooping cough, 61; typhoid fever, 1; tuberculosis, 65.

Included in the above were the following cases of non-residents: diphtheria, 14; scarlet fever, 6; measles, 1; typhoid fever, 1; tuberculosis, 5.

Total deaths from these diseases were: diphtheria, 6; measles, 5; whooping cough, 2; tuberculosis, 20.

Included in the above were the following non-residents: diphtheria, 2; tuberculosis, 2.

HARVARD APPOINTS CANCER COMMISSION.—The Harvard Corporation has announced appointments to the Cancer Commission of Harvard University and Collis P. Huntington Memorial Hospital. Dr. Robert B. Greenough will act as director of the Commission, and as surgeon in charge of the hospital staff. Dr. Channing C. Simmons will continue as his secretary, and with Dr. Edward H. Risley, will serve as surgeon at the hospital.

Other members of the Commission are: Dr. James H. Wright, pathologist, in charge of diagnosis service; William Duane, research fellow in physics; William T. Boyle, research fellow in biology; Dr. Henry Lyman, research fellow in chemistry, and Clarence C. Little, research fellow in genetics.

The hospital staff appointees include: Dr. George G. Smith, assistant surgeon; Dr. Henry A. Christian, consulting physician; Dr. Francis W. Peabody, consulting physician; Dr. Gerald Blake, physician; Dr. George R. Minot, assisting consulting physician; Dr. Daniel C. Greene, consulting laryngologist; and Dr. Henry A. Barnes, assistant laryngologist.

CHILDREN'S PAVILION AT SHARON.—The Children's Pavilion at Sharon, for boys and girls from seven to fourteen years showing symptoms of tuberculosis, has been completed. The importance of recognizing this disease in childhood, and the necessity of reinforcing all the powers of resistance early in life, make this pavilion a distinct advance in preventive work.

The new building is a simple structure, combining the best modern features of both sanatorium and school. It is of concrete to the sec-

ond story. There are two dormitories for the accommodation of sixteen patients, and an administration center. Opportunity is afforded for enlargement. One room in the basement will be used for a refrigerating plant, and, it is hoped, may some day be equipped with an x-ray apparatus. By combining the teaching of hygiene and sanatorium life, a two-fold benefit is obtained; the children not only regain their health, but, as has been proved in open-air schools, they do better work than in the ordinary closed room. Thousands die in Massachusetts every year from this disease in one form or another, and although decreasing slowly and steadily in modern times, it still leads in the death rate.

For years there have been no entertainments for the benefit of the sanatorium. Private appeals were made, but these have not yielded the returns essential to accomplish what is needed.

Massachusetts State Nurses' Association. At the annual meeting of the Massachusetts State Nurses' Association held on June 11, the Rev. Dr. Alexander Mann, rector of Trinity Church, praised the nurses of this State for their part in the war. He is reported to have said in part:

"The charge of unpreparedness has frequently been levelled against us, but this great war did not find the hospital service of the Army and Navy unprepared. Both were ready before there was any large call for their services, and today something like 1000 nurses are at work in the two branches, making one-sixth of the total number in the State. That is a great record, and it is not yet equalled by the draft of the young men. Indeed, I doubt whether there is any State in the Union which can show so large a proportion. And you must remember that one-tenth of all the nurses now in the service have come from Massachusetts."

Another address was given by Laura A. C. Hughes, M.D., R.N., Acting President. Reports were given of the A.N.A. Convention, of the Massachusetts State League of Nursing Education, of the Private Duty Nurses' League, of the State Red Cross Committee, and of the County Councillors.

The Association now has a membership of 1347, representing a gain of 446 during the past year. Miss Bertha Dart, graduate of the Massachusetts General Hospital, and superintendent of nurses at the Stillman Infirmary, has been elected president. Other officers chosen were: Dr. Laura A. C. Hughes, first vice-president; Mrs. Agnes C. McNamara, second vice-president; Miss Charlotte W. Dana, treasurer; Miss Julia A. Smith, recording secretary; Miss Mary E. P. Davis, corresponding secretary; and Miss Mary M. Riddle, historian.

Miscellany.

COMPARATIVE STATISTICS ON PHYSICAL EXAMINATIONS OF PUPILS OF THE BOSTON PUBLIC SCHOOLS FROM DECEMBER 1, 1915, TO MARCH 1, 1918.

By William H. Devine, M.D.

Director of Medical Inspection.

	1915-16	1916-17	1917 to Mch. 1, 1918
Total number of pupils examined	99,862	104,287	93,976
Total number without defects	30,781	38,318	55,957
Total number with defects	69,081	65,969	38,019
Defects as follows:			
Defective nasal breathing			
Anterior	1,292	1,297	839
Posterior	5,966	5,282	4,582
Hypertrophied tonsils	18,444	14,806	12,702
Defective palate	351	169	121
Cervical glands	18,841	7,746	6,730
Pulmonary disease:			
Tuberculous	44	22	30
Non-tuberculous	683	453	387
Question	—	1	—
Cardiac disease:			
Organic	1,330	1,406	1,460
Functional	1,668	1,716	1,660
Nervous disease:			
Organic	74	48	42
Functional	221	179	130
Chorea	43	23	33
Orthopedic defects:			
Tuberculous	88	76	58
Non-tuberculous	1,698	1,770	1,661
Skin	3,071	2,978	2,111
Rickets	383	326	282
Malnutrition	2,110	1,712	1,889
Mental deficiency	431	448	592
Totals	56,738	40,458	34,717
Defective teeth	56,750*	55,638*	46,349
Grand Totals	113,488	96,096	81,066

* During the year 1915-16, and from Oct. 1, 1916, to Jan. 1, 1917, defective teeth were classed as primary and secondary. In some instances, if a pupil had defective primary and defective secondary teeth, it was recorded as two defects instead of one. In order to avoid duplication of defects, it was thought advisable to record defective teeth as one defect without regard to whether they were primary or secondary. This method was adopted commencing Jan. 1, 1917.

This year a decided gain is noted in the number of children without defects. There is a marked diminution in the number of cases of defective nasal breathing, both anterior and posterior, and of hypertrophied tonsils.

The decrease in cervical glands continues, and, as stated last year, this is partly due to the fact that school physicians have been instructed not to report slightly palpable glands when secondary to adenoids, tonsils, carious teeth, pediculosis, or other allied condition. These cases are kept under observation, and only the primary causes reported.

Figures indicate that malnutrition is quite prevalent in our schools. The number of cases are about the same as for the two previous years. The diagnosis is necessarily uncertain, and comparative statistics are not as reliable as in certain morbid conditions which can be more accurately diagnosed. War conditions, with the increased cost of living, have augmented the number of cases.

The principal causes of malnutrition existing in school children are insufficient and improperly prepared food, impaired digestion due to imperfect mastication, bolting of food, lack of fresh air, proper exercise, etc. All may be important factors in the cause of the disease, and should be corrected by training the child to take the properly balanced diet, or substitutes; to masticate the food thoroughly; by instructions to mothers on the selection and preparation of food, the value of exercise, fresh air, and other hygienic measures. The physicians, nurses, and teachers have been instructed to make special effort to improve the condition of these children.

Correspondence.

PROCAINE AND NOVOCAINE IDENTICAL.

Mr. Editor:

It appears that in certain quarters the attitude is taken that the local anesthetic sold as procaine is not identical with that marketed as novocaine. The Subcommittee on Synthetic Drugs of the National Research Council believes it important that this misunderstanding should be corrected, and hence offers the following explanation:

The monohydrochloride of para-amino-benzoyldiethyl-amino-ethanol, which was formerly made in Germany by the Farbwerke vorm. Meister, Lucius and Bruening, Hoechst A.M., and sold under the trademarked name Novocaine, is now manufactured in the United States. Under the provisions of the Trading with the Enemy Act, the Federal Trade Commission has taken over the patent that gave monopoly for the manufacture and sale of the local anesthetic to the German corporation, and has issued licenses to American concerns for the manufacture of the product. This license makes it a condition that the product first introduced under the proprietary name "Novocaine" shall be called procaine, and that it shall in every way be the same as the article formerly obtained from Germany. To insure this identity with the German novocaine, the Federal Trade Commission has submitted the product of each firm licensed to the A. M. A. Chemical Laboratory to establish its chemical identity and purity, and to the Cornell pharmacologist, Dr. R. A. Hatcher, to determine that it is not unduly toxic.

So far, the following firms have been licensed to manufacture and sell procaine:

The Abbott Laboratories, Ravenswood, Chicago.
Farbwerke-Hoechst Company, New York, N. Y.
Rector Chemical Co., Inc., New York, N. Y.
Calco Chemical Company, Bound Brook, N. J.

Of these, the first three firms are offering their products for sale at this time, and have secured their admission to New and Nonofficial Remedies as brands of procaine which comply with the New and Nonofficial Remedies standards.

While all firms are required to sell their product under the official name "Procaine," the Farbwerke-Hoechst Company is permitted to use the trade designation "novocaine," in addition, since it holds the right to this designation by virtue of trademark registration.

In conclusion: Procaine is identical with the substance first introduced as novocaine. In the interest of rational nomenclature, the first term should be used in prescriptions and scientific contributions. If it is deemed necessary to designate the product of a particular firm, this may be done by writing "Procaine-Abbott," "Procaine Rector," or "Procaine-Farbwerke," or Procaine (Novocaine brand).

JULIUS STIEGLITZ, *Chairman*,
Subco'm'tee on Synthetic Drugs, Nat. Research Council.

RECENT DEATHS.

DR. JOSEPH CYRUS STEDMAN, of Jamaica Plain, one of Boston's best known practitioners, died recently of heart ailment at the Johns Hopkins Hospital, Baltimore.

Dr. Stedman was born in Jamaica Plain, Feb. 28, 1867, the son of Dr. Joseph Stedman, whose clientele included a majority of the families on the south side of the city. He studied medicine at the New York University and was graduated in 1890. He devoted two years to practice in New York and held membership on the staff of the Postgraduate Hospital.

He then came to Boston and took up an active practice. For years he was surgeon at the Faulkner Hospital, and only relinquished the duties when failing health forced him to give up active work. He was a member of the Massachusetts Medical Society, the New York County Medical Association, the Boston Society for Medical Improvement, Boston Medical Library and Massachusetts Automobile Club. At the time of his death he was supervising censor for the Norfolk District Medical Society. His home had been at 7 Lakeville Place, Jamaica Plain.

ERNEST VARIAN SCRIBNER, M.D., died June 14, 1918, in the Worcester State Hospital, of which he had been superintendent for six years, after an illness of five weeks. He was born in Lewiston, Me., Feb. 28, 1855, was graduated from Bates College in 1878, and from Bowdoin College Medical School in 1881. Dr. Scribner had been for thirty-seven years connected with the Grafton State Hospital and the Worcester State Hospital, in Worcester, serving as assistant physician and as superintendent in both institutions during the period. He is survived by his widow and two sons.

He had been a Fellow of the Massachusetts Medical Society since 1882, and had served the Society as a councilor. He was president of the Worcester District Medical Society in 1907.

JOHNS HOPKINS HOSPITAL
APR 8 1918
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THE BOSTON
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JOURNAL

OFFICIAL ORGAN OF THE MASSACHUSETTS MEDICAL SOCIETY AND OF THE NEW ENGLAND SURGICAL SOCIETY

Vol. CLXXVIII
No. 14

SUPPLEMENT

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Alphabetical and Local Lists

Prepared by the Librarian

Massachusetts Medical Society
8 The Fenway
Boston, Massachusetts

SUPPLEMENTARY

INFORMATION RECEIVED SINCE FINAL REVISION.

Averill, Jesse Howes, retired, 1918.
Bailey, Walter Channing, Washington, D. C., 1767 Q St.
Battershall, Joseph Ward, retired, 1918.
Blake, Francis Gilman, resigned, Feb. 6, 1918.
Blake, John George, died, March 4, 1918.
Bradley, Charles Seymour, died, Feb. 19, 1918.
Brickley, William Joseph (restored) Boston, 486 Commonwealth Av.
Brown, Herbert Rutherford, resigned, Feb. 6, 1918.
Bryant, William Sohier, resigned, Feb. 6, 1918.
Cobb, Gardner Nathan, Hingham, U. S. N. T. C.
Copeland, Horatio Franklin, died, Feb. 8, 1918.
Cornforth, Herbert Huskisson, resigned, Feb. 6, 1918.
Cutts, Harry Madison, died, Feb. 21, 1918.
Dennett, Paul Carroll, Allston, 74 Harvard Av.
Emerson, Ernest Benjamin, Rutland, State Sanatorium.
Ermantrout, Sallie Justina, died, Nov. 14, 1917.
Farr, Edwin Lawson, died, Jan. 24, 1918.
Ferguson, Edward Hugh, Dorchester, 60 Charles St.
Fraim, Irving William, Macon, Ga., 208 Second St.
Freeman, Franklin Willard, Lynnfield Center.
Goddu, Louis Adalore Oliver, transferred from Norfolk to Suffolk.
Gordon, John Alexander, died, Jan. 25, 1918.
Grant, Winifred Margaret, Worcester, 37 Pearl St.
Greenough, Robert Battey, transferred from Norfolk to Suffolk.
Haley, William Thomas, Salem, 345 Essex St.
Hamilton, Annie Lee, Roxbury, 164 Longwood Ave.
Harris, William De Blois, Lynn, 98 South Common St.
Hassman, David Morris, Brookline, 59 Longwood Av.
Hendricks, Henning Vitalis, resigned, Feb. 6, 1918.
Hipkiss, George, Noroton Heights, Conn., Soldiers' Home.
Honeij, James Albert, New Haven, Conn., 320 Cedar St.
Jackson, William Benjamin, Lowell, 229 Stevens St.
Kelley, Eugene Robert, Brookline, 41 Egremont Road.
Lathrop, William Henry, died, Dec. 22, 1917.
Lawrence, Nellie Louise, resigned, Feb. 6, 1918.
Mahoney, Daniel Francis, Boston, 522 Commonwealth Av.
Marr, Edward Loring, Melrose, 315 Main St.
Martin, John Macleod, died, Feb. 19, 1918.
Marvin, Frank William, Cambridge, 1775 Massachusetts Av.
Millett, John Alfred Parsons, resigned, Feb. 6, 1918.
Miniter, Francis Gabriel, Allston; office, Boston, 419 Boylston St.
Newton, William Curtis, Revere, 270 Broadway.
Parvey, Benjamin, Dorchester, 24 Charlotte St.
Pickard, Isaiah Lovell, resigned, Feb. 6, 1918.
Reggio, André William, Boston, 286 Beacon St.
Robertson, Jessie Wilhelmine, Cambridge, 2261 Massachusetts Av.
Sawin, Charles Dexter, died, Feb. 8, 1918.
Shanahan, John, retired, 1918.
Skinner, Edward Manning, died, Feb. 8, 1918.
Smith, Samuel Finley, retired, 1918.
Sundelöff, Ester Mathilda Eleonora, Fall River, 151 Rock St.
Teck, Martin William, Marblehead, Devereux Mansion.
Torrey, Samuel William, died, Jan. 1, 1918.
Whitney, Edward William.
Whitney, Harriet Wiley, Northampton, State Hospital.

CORRECTIONS.

Goss, Francis Webster, Sacramento, Calif., 1034 40th St.
MacKinnon, Donald Lauchlin, Truro, N. S., Prince St.
1901 MacLennan, Angus Daniel.
Mansfield, Burton Burleigh, Union, N. H.
Overholser, Winifred, Wellesley Hills.
Williams, Charles Herbert, Cambridge; office, Boston, 1069 Boylston St.

Massachusetts Medical Society

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WITH

DATE OF ADMISSION, RESIDENCE AND OFFICE ADDRESS

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1892 Goodale, George Lincoln, 5 Berkeley St., Cambridge, Mass.

ACTIVE AND RETIRED FELLOWS

JANUARY 1, 1918.

Note.—The date preceding the name is that of admission. A date following, preceded by a †, denotes year of retirement. The first name of city or town is the legal residence; the street and number are the office address.

A letter in place of a given first name not followed by a period is not an initial. It is a letter adopted by the individual instead of a name to distinguish him or her from others, or for the sake of euphony.

The last known address is given in this list. Many of the Fellows are, at present, in the U. S. Army and Navy, but have made no official report to the Librarian.

A

1917 Aaronson, Jacob.....Chelsea, 69 Congress Ave.
1884 Abbe, Alanson Joseph.....Fall River. 375 Rock St.
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1892 Abbot, Edward Stanley....Waverley (Belmont). McLean Hospital.
1903 Abbot, Florence Hale.....State Hospital. Mattapan (Boston).
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1913 Abbott, Charles Roger.....Clinton. 123 High St.
1894 Abbott, Howard Edwin....Lynn. 54 Park St.
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1911 Achorn, Ralph Chase.....Boston. 25 Huntington Av.
1916 Adamian, Hovsep Garo...Lawrence. 260 Haverhill St.
1909 Adamian, Parnag Adam....Worcester. 55 Laurel St.
1911 Adams, Charles Baker.....Springfield. 431 Main St.
1894 Adams, Charles Sumner...Wollaston (Quincy). 62 Brooks St.
1906 Adams, Charles Waldron...Cambridge. 322 Broadway.
1880 Adams, George Edwin.....Worcester. 974 Main St.
1884 Adams, Herbert William...Dorchester (Boston). 744 Dudley St.
1898 Adams, John.....Roxbury (Boston). 1637 Tremont St.
1903 Adams, John Dresser.....Brookline. Office, Boston. 45 Bay State Rd.
1910 Adams, Letitia Douglas....Boston. 175 Dartmouth St.
1891 Adams, Walter Henry.....Northampton. 34 Bridge St.
1899 Adams, William Carlton...East Taunton (Taunton). 414 Middleboro Av.
1904 Adams, Zabdiel Boylston...Brookline. Office, Boston. 166 Newbury St.
1912 Addelson, Nathan.....Roxbury (Boston). 548 Warren St.
1907 Adler, Herman Morris.....Chicago, Ill. Juvenile Court, County Bldg.
1910 Adriance, Vanderpoel.....Williamstown. Main St.
1867 Ahearne, Cornelius Augustus †1906 Lynn. 21 Church St.
1891 Ahearne, Cornelius Augustus, Jr. Salem. 83 Essex St.
1915 Ahlstrom, Hjalmar.....Quincy. 119 Garfield St.
1917 Almone, Victor Anthony..Winchester. 454 Main St.
1894 Albee, George Macdonald...Worcester. 1159 Main St.
1915 Albee, Kenneth Field.....Weston. Central Av.
1915 Alcuzar, Izak.....Boston. 510 Commonwealth Av.
1903 Alexander, Thomas Branch Scituate Harbor (Scituate). Central St.
1900 Alfred, James.....Brockton 391 North Main St.
1913 Allard, Carlton Eugene....Dorchester. Office, Boston. 77 Kilby St.
1913 Allen, Arnold Noble.....Roslindale (Boston). 22 Conway St.
1916 Allen, Arthur Wilburn.....Boston. 657 Boylston St.
1884 } Allen, Bradford.....Nashua, N. H. 9 Main St.
1906 }
1892 Allen, Carl Addison †1917Holyoke. 16 Fairfield Av.
1899 Allen, Clarence Jean.....Winchester. 38 Church St.
1909 Allen, Fred Harold.....Holyoke. 644 Dwight St.
1901 Allen, Freeman.....Boston. 200 Beacon St.
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1901 Allen, Horatio Cushing....New Bedford. 11 Eighth St.
1898 Allen, Seabury Wells.....York Harbor, Me. Office, Boston. 509 Beacon St.
1903 Allen, William Howard....Mansfield. 70 N. Main St.
1916 Alley, Ernest Jason.....Billerica. Concord Road.
1916 Alley, Leon Arthur.....Brockton. 12 Richmond St.
1911 Alling, Marshall Louis.....Lowell. 9 Central St.
1914 Allison, Carl Edwin.....Somerville. 241 Elm St.
1911 Almy, Thomas.....Fall River. 140 Rock St.
1893 Amadon, Arthur Frank....Boston. 543 Boylston St.
1890 Ames, John Lincoln.....Boston. 87 Chestnut St.
1915 Anderson, Victor Vance....Jamaica Plain (Boston). 64 Southbourne Rd.
1914 Andrews, Benjamin Franklin Worcester. 28 Pleasant St.
1897 Andrews, Edward Austin..Newton Center (Newton). 14 Institution Av.
1907 Andrews, Frederick Francis.Revere. 94 Beach St.
1899 Andrews, Harold Virgil....Boston. 1083 Boylston St.
1915 Andrews, Oren.....Gardner. 7 East Broadway.
1904 Andrews, Robert Eaton....Cambridge. 4 Brattle St.
1888 Anthony, Francis Wayland.Bradford (Haverhill). Office, Haverhill. 50 Merrimack St.
1910 Anthony, George Chenery..Wellesley. Denton Road—West.
1898 Anthony, Jeremiah Christopher Springfield. 150 Chestnut St.
1874 Appleton, William.....Boston. 74 Beacon St.
1915 Arey, Harold Carleton.....Worcester. State Hospital.
1915 Arey, Jennie McIntosh....Worcester. State Hospital.
1906 Arkin, Louis.....Boston. 366 Commonwealth Av.
1916 Armitage, Henry George...Haverhill. 119 Emerson St.
1917 Armstrong, Donald Budd..Framingham, Edmunds St.
1891 Arnold, Horace David.....Boston. 520 Commonwealth Av.
1916 Aronson, Charles.....Salem. 31 Charter St.
1905 Ascher, Joseph.....Roxbury (Boston). Office, Boston. 344 Hanover St.
1895 Ash, John Henry.....West Quincy (Quincy). 239 Copeland St.
1908 Atchison, Charles Moran...New Bedford. 94 Fourth St.
1894 Atkinson, Lizzie Daniel Rose West Newton (Newton). 1720 Washington St.
1905 Atwater, James Billings....Westfield. 108 Elm St.
1904 Atwood, Abel Wilson.....Worcester. 744 Main St.
1915 Atwood, Blanche Louise...Roxbury. Office, Boston. 175 Dartmouth St.
1883 Atwood, Charles Augustus.Taunton. 15 West Britannia St.
1900 Atwood, Charles Fenner....Arlington. 821 Mass. Av.
1881 Atwood, Frank Sumner....Salem. 125 Federal St.
1892 Atwood, George Manley....Bradford (Haverhill). 127 Main St.
1894 Auger, Louis Lemaitre.....Worcester. 104 Franklin St.
1891 August, Albert.....Cambridge. 51 Brattle St.
1887 } Austin, Arthur Everett....Boston. 110 Marlboro' St.
1912 }
1915 Austin, James Cornelius Spencer. 176 Main St.
1917 Avedisyan, Avadis Der....Roxbury (Boston). 26 Savin St.
1903 Averell, Charles Wilson....North Reading.
1896 Averill, George Goodwin...Waterville, Me. 47 Redington, St.
1882 Averill, Jesse Howes..... Campello (Brockton). 1148 Main St.
1910 Ayer, James Bourne.....Boston. 518 Beacon St.
1884 Ayer, Silas Hibbard.....Boston. 318 Shawmut Av.
1896 Ayer, Thomas Herbert.....Westborough. 50 West Main St.
1914 Ayers, Charles Eaton.....Worcester. 311 Main St.
1914 Ayres, Harold Winslow....West Somerville (Somerville). 403 Highland Av.
1917 Azadian, David George....Boston. 594 Tremont St.

B

1878 Bacon, Jonas Edward.....Brockton. 101 Main St.
1900 Bacon, Newton Samuel.....Cambridge. 1688 Mass. Av.
1899 Bacon, Theodore Spaulding.Springfield. 67 Maple St.
1899 Badger, George Sherwin Clarke Boston. 48 Hereford St.
1903 Baff, Max..... Worcester 141 East Central St.
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1894 Bailey, Marshall Henry...Cambridge. 1549 Mass. Av.
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1892 Balcom, George Franklin Swanzey, N. H. †1911 39 Main St.
1911 Balcom, Kenneth Ira.....Worcester 112 Lincoln St.
1914 Baldwin, Edith Elizabeth..Springfield. 50 Buckingham St.
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1895 Baldwin, Herman Trost....Chestnut Hill (Newton). 96 Middlesex Rd.
1896 Baldwin, Sanford Oscar....Framingham. 11 Union Av.
1912 Ball, Arthur Nelson.....Northampton. State Hospital.
1907 Ballou, Ambrose Roche....Dorchester (Boston). 327 Neponset Av.
1901 Balmer, William Edward..Whitinsville (Northbridge). Cottage St.
1886 Bancroft, Edward Erastus.Wellesley. 604 Washington St.
1891 Bancroft, George Andrew..Natick. 33 West Central St.
1877 Bancroft, Winfred Baxter..South Boston (Boston). 597 Broadway.
1898 Bangs, Charles Howard... Swampscott. Office, Boston. 149 Tremont St.
1916 Bannerman, Walter Bruce East Bridgewater (Bridgewater). 37 Bedford St.
1906 Bannon, John Hugh.....Lawrence. 457 Essex St.
1905 Bardwell, Frederick A.....Boston. 483 Beacon St.
1908 Barker, Williston Wright..Dorchester (Boston). 25 Lyndhurst St.
1892 Barnes, Francis John.....Cambridge. 67 Brattle St.
1899 Barnes, Harry Aldrich.....Brookline. Office, Boston. 205 Beacon St.
1872 Barnes, Henry Jabez Northborough. Office, †1913 Boston. 429 Beacon St.
1900 Barnes, James Arthur.....Worcester. 390 Main St.
1906 Barnes, William Lester....Lexington. 365 Mass. Av.
1917 Barnes, Frederick Rigby..Fall River. 151 Rock St.
1917 Barnes, Louis Dwight.....Lanesborough.
1905 Barney, James Dellinger...Boston. 99 Commonwealth Av.
1914 Barney, Willis Oliver.....Boston. 483 Beacon St.
1910 Barnum, Francis Goodell...Boston. 481 Beacon St.
1913 Barone, Joseph.....Boston. 282 Hanover St.
1895 Barré, Joseph Aladin.....Fall River. 1555 Pleasant St.
1900 Barrell, Charles Sewall....Boston. 425 Beacon St.
1899 Barrell, Mary Elizabeth...Worcester. 904 Main St.
1907 Barrett, Edward William..Medford. 84 Washington St.
1904 Barrett, Michael Francis...Brockton. 231 Main St.
1906 Barron, Elmer Walter.....Malden. Office, Boston. 520 Commonwealth Av.
1916 Barron, Maurice Edward..Boston. 366 Commonwealth Av.
1901 Barry, Emmett William....Whitinsville (Northbridge).
1908 Barry, James Henry.....Roxbury (Boston). 2990 Washington St.
1906 Barstow, Andrew Thaddeus.Boston. 27½ Mass. Av.
1899 Bartlett, Charles Watson...Marshfield. Main St.
1909 Bartlett, Fred Al.....Atlantic (Quincy). 62 Billings Rd.
1895 Bartlett, Oliver Leslie.....Pittsfield. 73 North St.
1902 Bartlett, Philip Challis....Newton Highlands (Newton). Office, Boston. 583 Beacon St.
1905 Bartlett, Walter Oscar.....Roxbury (Boston). Office, Boston. 390 Commonwealth Av.
1903 Bartley, John Joseph.....Lawrence. 334 Haverhill St.
1906 Bartol, Edward Francis Washburn Milton. 6 Reedsdale Rd.
1890 Bartol, John Washburn....Boston. 3 Chestnut St.
1871 Barton, Chester Manley †1906 Hatfield.
1900 Barton, John Alfred.....Fitchburg. 43 Summer St.
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1869 Bassett, Elton James†1910 Taunton. 11 Cedar St.
1917 Bassow, George Joseph....Athol. 503 Main St.
1911 Batchelder, Hollis Goodell.Dedham. Office, Boston. 520 Beacon St.
1897 Batchelder, William Burdett Dorchester (Boston). 163 Washington St.
1895 Bateman, Frank Eliot.....Somerville. 163 Highland Av.
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1879 Battershall, Joseph Ward..Attleborough. 18 North Main St.
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1896 Bean, Charles Pierce.....Boston. 426 Mass. Av.
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1917 Beaudet, Elphege Aleine...Lowell. 268 West 6th St.
1908 Beaulieu, Elmer Joseph....Whitman. Washington St.
1906 Beaulieu, Francis Xavier...Taunton. 357 Bay St.
1899 Beckley, Chester Charles...Lancaster.
1890 Bedard, Joseph Armand....Lynn. 26 Ocean St.
1901 Beebe, Theodore Chapin....Boston. 61 Mt. Vernon St.
1901 Beebe, M. Josephine.....Roslindale (Boston). 10 Conway St.
1907 Beeley, Leon Gage.....Lawrence. 145 Haverhill St.
1914 Behrman, Roland Augustus.Roslindale (Boston). 147 Belgrade Av.
1914 Bell, Clarence John.....Wellfleet.
1914 Bell, Conrad.....Waltham, 820 Main St.
1914 Bell, Richard Dana.....Somerville. 26 Bow St.

1906 Bellehumeur, David Stanislaus Lowell. 813 Merrimack St.
1875 Benner, Burnham Roswell. Lowell. 62 Sixth St.
1898 Benner, Herbert Orray. Framingham. 36 Union Av.
1903 Benner, Richard Stanwood. Springfield. 25 Maple St.
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1902 Bennett, William Hurlburt Hyde Park (Boston). 1349 River St.
1898 Benson, Charles Sweetser. Haverhill. 50 Merrimack St.
1898 Berg, Tekla Amalia Josefina Lynn. 1 Atlantic St.
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1916 Berman, Myer Isadore. Dorchester (Boston). 1063 Blue Hill Av.
1889 Bernard, Barnard Lecherzack South Boston (Boston). 195 Dorchester St.
1916 Berr, Alfred William. Lawrence. Lawrence Gen. Hosp.
1914 Berry, Charles Francis. Boston. 541 Commonwealth Av.
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1896 Berry, John Cutting †1912 Worcester. }
1890 Berry, Lauriston M †1908 Junction, Wyoming.
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1905 Bigelow, Edward Bridge. Worcester. 61 Pearl St.
1883 Bigelow, Enos Hoyt. Framingham Center. (Framingham). P. O. Box 213.
1913 Bigelow, James Bernard. Holyoke. 61 Pearl St.
1874 Bigelow, William Sturgis. Boston. 56 Beacon St.
1904 Binford, Ferdinand Augustus Hyannis (Barnstable). Main St.
1903 Binney, Horace. Boston. 205 Beacon St.
1894 Birge, Ella Freeman. Provincetown.
1883 Birge, William Spafard. Provincetown. Pearl St.
1885 Birmingham, Robert Michael Lawrence. 170 Salem St.
1909 Birnie, John Mathews. Springfield. 6 Chestnut St.
1917 } Biron, Joseph Frederick { Amesbury. 182 Main St.
1897 } Rudolphe {
1914 Bisbee, Ernest Sydney. Boston. 777 Tremont St.
1878 Bixby, Josiah Peet. Woburn. 55 Elm St.
1910 Bixby, Oliver Edward. Lynn. 189 Lewis St.
1901 Blaine, Walter Edward. Mattapoisett. 72 Main St.
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1882 Blaisdell, George Warren. Manchester. 21 Union St.
1913 Blaisdell, John Harper. Lynn. Office, Boston. 45 Bay State Road.
1904 Blake, Allen Hanson. West Somerville (Somerville). 117 Elm St.
1868 Blake, Clarence John. Boston. 226 Marlboro' St.
1915 Blake, Francis Gilman. Minneapolis, Minn. University Minn., Med. Dept.
1906 Blake, Gerald. Boston. 212 Beacon St.
1888 Blake, Harrison Gray. Woburn. 512 Main St.
1890 Blake, John Bapst. Boston. 657 Boylston St.
1861 Blake, John George. Boston. 212 Beacon St.
1901 Blake, Le Grande. Riverside, R. I. 317 Bullock Point Av.
1898 Blakely, David Newton. Brookline. Office, Boston. 87 Milk St.
1882 Blanchard, Benjamin Beaver Brookline. 432 Washington St.
1913 Blanchard, Paul Drake. Lowell. 226 Merrimack St.
1902 Blanchard, Randall Howard Pittsfield. 7 North St.
1912 Blanchette, William Henry. Fall River. 142 Brightman St.
1904 Blenkhorn, James. Stoneham. 301 Main St.
1910 Bliss, George Danforth. Dorchester (Boston). 508 Washington St.
1905 Bliss, George Stephen. Fort Wayne, Ind. Ind. Sch. Feeble-Minded Youth.
1897 Bliss, Jesse Leonti †1911 Holyoke. 231 High St.
1871 Blodgett, Albert Novatus †1918 Boston. 51 Mass. Av.
1898 Blodgett, John Hammond. Boston. 390 Commonwealth Av.
1912 Blodgett, Stephen Haskell. South Lincoln (Lincoln). Office, Boston. 419 Boylston St.
1908 Blood, George Willard. Fall River. 723 Middle St.
1868 Boardman, William Elbridge †1909 Boston. 388 Marlboro' St.
1906 Boardman, William Parsons. Boston. 388 Marlboro' St.
1885 Boardman, William Sidney. Boston. 63 Mt. Vernon St.
1916 Bober, Bessie Angela. Northampton. State Hospital.
1912 Bodwell, William Mortimer. Framingham. 2 Lexington St.
1915 Boehm, Julius Benjamin. Brooklyn, N. Y. Greenpoint Hospital.
1910 Bogan, Frederick Leon. Dorchester (Boston). Office, Boston. 514 Commonwealth Av.
1878 Boland, Elisha Shepard. South Boston (Boston). 809 Broadway.
1912 Boland, Lawrence Francis. Welch, W. Va. Miners' Hospital, No. 1.
1916 Bolduc, Alfred George. Attleborough. 11 Union St.
1891 Bolton, Charles James. Somerville. 26 Chauncy St.
1891 Bond, Sarah Adams. Jamaica Plain (Boston). Office, Boston. 41 Fairfield St.
1904 Bond, Walter Legrand. West Somerville (Somerville). 322 Highland Av.
1889 Bond, Willis George. Revere. 76 Beach St.
1915 Bone, Herman David. Gardner. 3 Cross St.
1903 Bonnar, James Miller. New Bedford. 186 Pleasant St.
1914 Bonelli, Raymond Peter. Boston. 276 Hanover St.
1911 Bonneville, Alfred Joseph. Hatfield. 43 Main St.
1901 Bonney, Charles Austin, Jr. New Bedford. 67 Bedford St.
1903 Bonney, Robert. East Boston (Boston). 7 Princeton St.
1897 Boom, Augustus Keeper. Adams. 51 Park St.
1877 Booth, Edward Chauncey †1915 Somerville. 40 Boston St.
1907 Boothby, Walter Meredith. Rochester, Minn. Mayo Clinic.
1902 Borden, Charles Richardson Cobb Brookline. Office, Boston. 520 Commonwealth Av.
1906 Borden, George Edward. Adamsville, R. I.
1893 Bossidy, John Collins. Boston. 419 Boylston St.
1911 Bostick, Warren John. West Springfield. 376 Main St.
1897 Bottomley, John Taylor. Boston. 165 Beacon St.
1897 Boucher, George Alphonse. Brockton. 20 Clinton Av.
1905 Boutwell, Horace Keith. Brookline. 39 St. Paul St.
1913 Bouvier, Charles William. Holyoke. 251 Maple St.
1912 Bowditch, Harold. Boston. 520 Commonwealth Av.
1903 Bowditch, Henry Ingersoll. Boston. 86 Bay State Road.
1881 Bowditch, Vincent Yardley. Boston. 506 Beacon St.
1915 Bowen, Alfred Preston. Lynn. 17 Fayette St.
1913 Bowen, Enos Emanuel. East Boston. 290 Sumner St.

1912 Bowen, James Francis.....Amherst. 6 Maple Av.
1887 Bowen, John Templeton....Boston. 14 Marlboro' St.
1867 Bowen, Seabury Warren Fall River. 217 Second St. †1905
1912 Bowers, George Francis Haskell Worcester. 574 Main St.
1879 Bowers, Walter Prentice...Clinton. 264 Chestnut St.
1891 Bowker, Everett M.....Brookline. 322 Harvard St.
1894 Bowles, George Hall.....Plymouth, N. H. 2 Russell St.
1892 Bowman, Fred Raymond...Boston. 211 Huntington Av.
1914 Boyd, Francis Peter.....Springfield. 340 Bridge St.
1896 Boyd, James Van Wagner..Springfield. 24 Oxford St.
1885 Boyd, Samuel George.....San Francisco, Calif. 133 Geary St.
1911 Boyden, Arthur Henry... Worcester. 875 Main St.
1901 Boyer, Joseph Napoleon....Springfield. 577½ Main St.
1906 Boyle, Jeremiah Joseph....Cambridge. 1431 Cambridge St.
1908 Boyle, John Francis.....Lowell. 32 Whipple St.
1902 Brace, George Wells.....Westfield. 5 Woronoco Av.
1886 Brackett, Elliot Gray.....Boston. 166 Newbury St.
1895 Bradford, Cary Carpenter..Southbridge. 67 Main St.
1873 Bradford, Edward Hickling Boston. 133 Newbury St.
1878 Bradford, Henry Withington Wolfeborough, N. H.
1883 Bradley, Charles Seymour..Roxbury (Boston). 71 Walnut Av.
1906 Brady, Frank Robert.....Lowell. 8 Merrimack St.
1908 Brady, James Francis.....Boston. 599 Tremont St.
1908 Brady, Joseph Edward.....Brockton. 231 Main St.
1912 Brady, William Francis....Holyoke. 348 Dwight St.
1871 Bragdon, George Albert †1906 Middletown, Conn.
1890 Bragdon, Horace Elwood...East Boston (Boston). 7 Central Sq.
1894 Bragg, Frank Adelbert.....Foxborough. School St.
1902 Bragg, Leslie Raymond....Webster. 124 Main St.
1884 Brainerd, John Bliss.....Brookline. Office, Boston. 419 Boylston St.
1907 Brainerd, Walter Scott....Bradford (Haverhill). Office, Haverhill. 91 Merrimack St.
1909 Brant, Austin.....Boston. 483 Beacon St.
1915 Brassil, Timothy Francis..Cambridge. 297 Broadway.
1908 Brayton, Roland Walker...Dorchester (Boston). 693 Washington St.
1909 Brearton, Edward John....Dorchester (Boston). 2 Pearl St.
1885 Breck, Samuel.....Middleboro. Office, Boston. 238 Newbury St.
1901 Breed, Nathaniel Pope.....Lynn. 9 Washington Sq.
1910 Breen, James Henry.....Hudson. 164 Main St.
1911 Bremer, John Lewis.....Boston. 416 Beacon St.
1887 Brennan, John Joseph.....Worcester. 390 Main St.
1913 Breslin, John George.....Boston. 514 Commonwealth Av.
1914 Bresnihan, Frank Nesdel..Cambridge. 252 Harvard St.
1915 Brewster, David Trueman, Jr. Hathorne (Danvers). State Hospital.
1893 Brewster, George Washington Wales Boston. 213 Beacon St.
1898 Brickett, Beatrice Hannah.Norfolk Downs (Quincy). Office, Boston. 24 Newbury St.
1912 Brides, Arthur Edward....Brockton. 101 Main St.
1899 Bridgman, Burt Nicholas...Umzumbe, Morrison's Post. Natal, S. Africa.
1893 Briggs, Charles Albert.....Freetown.
1880 Briggs, Edward Cornelius..Chestnut Hill (Newton). Office, Boston. 129 Marlboro' St.
1883 Briggs, Frederick Melancthon Boston. 536 Commonwealth Av.
1917 Briggs, Joseph Emmons...Boston. 477 Beacon St.
1899 Briggs, Lloyd Vernon.....Boston. 64 Beacon St.
1908 Brigham, Clarence Sumner.Leominster. 61 Pearl St.
1868 Brigham, Edwin Howard..Brookline. Office, Boston. 8 The Fenway
1912 Brigham, Francis Gorham..Boston. 35 Bay State Rd.
1907 Brigham, Fred Clayton....Springfield. 349 State St.
1907 Bright, James Cooper.....Fall River. 710 South Main St.
1915 Brindamour, Joseph Edmond Holyoke. 81 High St.
1906 Brindisi, Rocco.....Boston. 149 Richmond St.
1917 Bristol, De Los Judson, Jr..Boston. 24 McLean St.
1908 Broderick, Frank Patrick..Jamaica Plain (Boston). 67 South St.
1911 Broderick, Thomas Frederick Brighton. Office, Boston. 501 Beacon St.
1884 Broidrick, James Patrick †1914 Jamaica Plain (Boston). 815 Center St.
1906 Brooks, Edith May.....Boston. 483 Beacon St.
1874 Brooks, Lawton Stickney †1913 Springfield. 128 Chestnut St.
1890 Brooks, William Allen Lincoln. Office, Boston. 167 Beacon St.
1893 Brough, David Dandie.....Boston. City Hall Annex.
1899 Broughton, Arthur Nicholson Jamaica Plain (Boston). 10 Roanoke Av.
1878 Broughton, Henry White...Jamaica Plain (Boston). 7 Lakeville Pl.
1896 Brousseau, William Gilbert..Cambridge. 2222 Mass. Av.
1911 Brown, Arthur Aloysius....Swampscott.
1910 Brown, Arthur Linwood....Winchester. Office, Boston. 419 Boylston St.
1894 Brown, Daniel Joseph.....Springfield. 317 Main St.
1898 Brown, Edward Wells.....Northampton. 39 Main St.
1883 Brown, Frank Byron.....Dorchester (Boston). 529 Washington St.
1884 Brown, George Artemas....Barre. Broad St.
1904 Brown, George Christopher.Worcester. 112 Franklin St.
1917 Brown, Henry Seabury....Roxbury (Boston). R. B. Brigham Hosp.
1914 Brown, Herbert Rutherford.Rochester, N. Y. 224 Alexander St.
1907 Brown, Lloyd Thornton....Boston. 372 Marlboro' St.
1869 Brown, Marshall Lebanon †1908 Address unknown.
1893 Brown, Martin Millard....North Adams. 112½ Main St.
1873 Brown, Orland Jonas.....North Adams. 112 Main St.
1902 Brown, Percy.....Boston. 155 Newbury St.
1914 Brown, Ralph Neally.....Malden. 1 Concord St.
1915 Brown, Roy Farrington...Fall River. 873 Rock St.
1906 Brown, Wallace Everett....North Adams. Berkshire Hills Sanatorium.
1888 Brown, Wilfred Gardner...Plymouth. 4 North St.
1906 Brown, William James.... Boston. 1109 Boylston St.
1909 Brown, William John.....Reading. 18 Salem St.
1914 Browne, William Edward..Boston. 43 Bay State Road.
1881 Browne, William Tyler....Norwich, Conn. 275 Broadway.
1898 Brownrigg, Albert Edward Nashua, N. H. Highland Springs Sanitarium.
1888 Brownrigg, John Sylvester Roxbury (Boston). 16 Delle Av.
1895 Bruce, Daniel Angus.....Atlantic (Quincy).
1917 Bruce, Jacob Baldwin.....Boston. 496 Commonwealth Av.
1896 Bruce, John Angus.....Everett. 699 Broadway.
1913 Brunelle, Arthur Lord.....New Bedford. 1498 Acushnet Av.
1898 Brunelle, Pierre.....Lowell. 10 East Merrimack St.
1917 Bryan, William Alvin.....Hathorne (Danvers). State Hospital.
1893 Bryant, Alice Gertrude....Boston. 502 Beacon St.
1906 Bryant, Clarence Edmund..Hyde Park (Boston). 101 Highland St.
1901 Bryant, Frederick.....Worcester. 778 Main St.
1892 Bryant, Giles Waite.....West Somerville (Somerville). 36 College Av.
1911 Bryant, John.....Boston. 338 Marlboro' St.
1902 Bryant, John Edmund.....Haverhill. 50 Merrimack St.

1874 Bryant, Lewis Lincoln.....Cambridge. 930 Mass. Av.
1909 Bryant, Mason David.....Lowell. 8 Merrimack St.
1887 Bryant, William Sohier....New York, N. Y.
41 East 33d St.
1909 Bucholz, Carl Hermann....Cambridge. Office, Boston.
139 Beacon St.
1893 Buck, Augustus Walker....Fall River. 252 Pine St.
1914 Buck, Clifton Leon.....Danvers. 35 High St.
1882 Buck, Howard Mendenhall.Boston. 857 Beacon St.
1899 Buck, Maurice Allen.....Billerica.
1917 Buck, William Edgar.....Wilmington. Church St.
1914 Buckley, Daniel Joseph....Arlington. 240 Broadway.
1913 Buckley, George Ambrose..Brockton. 28 Main St.
1886 Buckley, Philip Townsend..South Boston (Boston).
529 Broadway.
1906 Buckley, William Stephen..Brighton (Boston).
253 Market St.
1911 Budington, Harold Fairchild Springfield. 1019 State St.
1917 Budreski, Alphonse Frank.Brighton (Boston).
St. Eliz. Hospital.
1899 Buehler, George Van Buskirk Cambridge. Office, Boston.
1075 Boylston St.
1903 Bufford, John Henry.....Brookline. Office, Boston.
390 Commonwealth Ave.
1898 Buffum, Herbert Edwin....Somerville. 129 Perkins St.
1874 Bulfinch, George Greenleaf.Brookline. 526 Harvard St.
1902 Bulkeley, Frank Stedman..Ayer. Washington St.
1889 Bullard, John Thornton....New Bedford.
428 County St.
1880 Bullard, William Norton...Boston. 89 Marlboro' St.
1915 Bunker, Sidney Moore.....Worcester. State Hospital.
1907 Burbeck, Edward Kimball..Salem. 245 Lafayette St.
1906 Burgess, Charles James....Lawrence. 37 Whitman St.
1905 Burke, Francis Ramon.....Quincy. 1220 Hancock St.
1910 Burke, George Herbert.....Springfield.
36 Beaumont St.
1892 Burke, James Joseph.....Easthampton. 10 Center St.
1896 Burke, Michael Francis....Natick. 12 West Central St.
1901 Burke, Walter Thomas.....Medford. 112 Salem St.
1899 Burke, William Henry, Jr..Cambridge. 2 Bond St.
1902 Burley, Benjamin Thomas.Worcester. 19 High St.
1909 Burlingham, Louis Herbert. St. Louis, Mo.
600 So. Kingshighway.
1906 Burnett, Francis Lowell....Manchester. Office, Boston.
205 Beacon St.
1897 Burnett, Frank Hollis.....Brockton. 153 Main St.
1894 Burnham, Elmond Arthur..Boston. 154 Huntington Av.
1901 Burnham, Joseph Forrest..Lawrence. 301 Essex St.
1905 Burnham, Parker.....Gloucester. 37 Pleasant St.
1899 Burns, Frederick Stanford.Boston. 237 Marlboro' St.
1892 Burns, Hiram Hutchins....Plymouth. 9 North St.
1910 } Burns, Robert Francis....Fitchburg. 2 Lunenburg St.
1915 }
1915 Burns, Walter Linn ..... Lynn. 81 North Common St.
1886 Burrage, Walter Lincoln...Boston. 282 Newbury St.
1907 Burrows, Marion Cowan...Lynn. 68 Ocean St.
1915 Burt, Clarence Edward....New Bedford. 180 Elm St.
1911 Burt, Edward Walter..... Westport. Office, Fall River. 151 Rock St.
1885 Burt, Frank Leslie.....Somerville. 15 Adams St.
1885 Burton, Stephen Casper....Pittsfield.
47 West Housatonic St.
1909 Bush, Arthur Dermont.....Los Angeles, Calif.
3012 LaSalle Av.
1874 Bush, John Standish Foster.Boston.
†1915
1901 Bushnell, Edward Henry...Quincy. 566 Washington St.
1906 Bushold, Fred George.....Lawrence. 60 Saunders St.
1916 Butler, Alice Etta.....Boston. 483 Beacon St.
1899 Butler, Charles Shorey.....Boston. 257 Newbury St.
1916 Butler David Mathew.....Brockton.
Brockton Hospital.
1916 Butler, Francis Joseph....Worcester. 69 Lincoln St.
1897 Butler, George Edward....Fall River.
674 South Main St.
1892 Butler, John Edward.....Dorchester (Boston).
64 Monadnock St.
1905 Butler, Patrick Francis....Allston (Boston).
Office, Boston.
496 Commonwealth Av.
1903 Butler, Richard Bernard...Fall River. 80 Columbia St.
1917 Butler, Samuel .....West Medway (Medway).
Main St.
1897 Butler, William Hodnett...Fall River. 234 Bedford St.
1904 Butterfield, George Kittredge Worcester.
Grafton State Hospital.
1884 Buzzell, Daniel Thompson.Wilmington.
1892 Bychower, Victor.....Malden. 226 Cross St.
1895 Byrne, Charles Armstrong..Hatfield. 46 Main St.
1912 Byrne, Claudius James....Worcester. 1066 Main St.
1904 Byrnes, Harry Francis.....Springfield. 4 Chestnut St.

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1898 Cabot, Hugh.....Boston. 87 Marlboro' St.
1892 Cabot, Richard Clarke.....Boston. 1 Marlboro' St.
1911 Cady, Frederic Benjamin Mooers Cambridge.
79 Brattle St.
1886 Cahill, Charles Sumner....Cambridge, 311 Prospect St.
1910 Cahill, John William.....Worcester. 390 Main St.
1915 Caines, Richard John Ridgeway Boston. 175 Mass. Av.
1903 Caisse, George Emile.....Lowell. 724 Merrimack St.
1909 Calitri, Constant.....Lawrence. 100 Jackson St.
1891 Calkin, Barry Howes.....Stellarton, N. S.
1894 Calkins, Cheney Hosmer...Springfield. 383 Union St.
1903 Calkins, Irving Romaro....Springfield. 299 Central St.
1862 Calkins, Marshall †1893 Springfield. 14 Maple St.
1884 Call, Emma Louisa.....Cambridge.
5 Washington Av.
1873 Call, Norman †1910 Brookline. 61 Sewall Av.
1908 Callahan, Henry Alphonsus.Jamaica Plain (Boston).
336 Center St.
1915 Callahan, John Francis....Brockton. 231 Main St.
1887 Callanan, Sampson Aloysius.Roxbury (Boston).
109 Warren St.
1911 Camfill, Robert Emmet.....Springfield.
148 Chestnut St.
1902 Canedy, Charles Francis...Greenfield. 17½ Federal St.
1872 Canedy, Francis Joel †1913 Shelburne Falls (Shelburne). 60 Bridge St.
1909 Canfield, William Chase... St. Petersburg, Fla.
P. O. Box 1533.
1912 Canney, Ellen Rose.....New Bedford.
552 County St.
1904 Cannon, Walter Bradford..Cambridge. Office, Roxbury (Boston). 240 Longwood Av.
1913 Capeles, Thomas Francis...Haverhill.
197 Merrimack St.
1898 Carden, Charles James....Haverhill.
284 Washington St.
1908 Carey, Bernard William...Fitchburg. 6 Prichard St.
1916 Carey, Francis Arthur.....Taunton.
87 Washington St.
1896 Carleton, Dudley.....Springfield. 137½ State St.
1898 Carleton, Ralph.....Springfield. 10 Temple St.
1906 Carley, Frederic James....North Attleborough.
1 Church St.
1909 Carley, Margaret Elizabeth New York, N. Y.
993 Park Av.
1911 Carlisle, Frank Henry.....Foxborough. State Hosp.
1908 Carlton, Frank Carr.....Salem. 16 North St.
1906 Carney, Patrick Joseph.....Worcester.
626 Southbridge St.
1916 Caro, Heiman.....Palmer.
Monson State Hospital.
1915 Carpenter, Robert John....North Adams.
65 Church St.
1910 Carr, Arthur Wyman.....Bridgewater. 76 South St.
1909 Carr, Gladys Lydia.....Brookline. 17 Stearns Rd.
1906 Carr, Percy Whitman.....Hyde Park (Boston).
1172 River St.
1909 Carroll, Charles Curtis....Dorchester (Boston).
10 Esmond St.
1911 Carroll, Henry Gerald.....Peabody. Office, Salem.
304 Essex St.
1905 Carroll, John Joseph.....Holyoke. 120 Chestnut St.
1899 Carroll, John Philip.....Woburn. 16 Winn St.

1914 Carroll, Michael James....Lenox. Main St.
1888 Carroll, Thomas Francis...Lowell. 219 Central St.
1897 Carruth, Sidney Stetson...Dorchester (Boston). 713 Dudley St.
1913 Carvell, Hanford.....Gloucester. 1050 Washington St.
1914 Carvill, Alphonso Holland..Somerville. 28 Highland Av.
1905 Carvill, Lizzie Maud.....Somerville. Office, Boston. 101 Newbury St.
1902 Cary, Foster Harrington...Denver, Colo. 645 Metropolitan Bldg.
1912 Casey, John Francis.....Allston (Boston). 94 Franklin St.
1916 Cass, Frank Ozro.....Provincetown. 284 A Commercial St.
1908 Casselberry, Clarence Marmaduke Brookline. Office, Boston. 1075 Boylston St.
1912 Cassels, Louis Raymond...Worcester. 60 Franklin St.
1908 Cassidy, James Joseph.....Lowell. 10 East Merrimack St.
1913 Castleman, Philip.....Boston. 43 Chambers St.
1914 Caswell, Bertram Horace..Somerville. 196 Broadway.
1910 Caswell, Walter Emery....Campello (Brockton). 1147 Main St.
1903 Caulfield, Thomas Edward Woburn. 14 Church Av.
1897 Cavanagh, Charles Russell Dorchester (Boston). 19 Richmond St.
1905 Cavanaugh, Thomas Edward Holyoke. 245 Maple St.
1905 Celce, Frank Frederick....Holyoke. 264 Maple St.
1905 Celce, Jean Henriette.....Holyoke. 264 Maple St.
1908, 1915 Ceconi, John Aloysius {Dorchester (Boston). 544 Washington St.
1913 Chace, Fenner Albert.....Fall River. 373 North Main St.
1888 Chadbourne, Arthur Patterson Boston. 193 Beacon St.
1917 Chadwell, Orville Rogers..Jamaica Plain (Boston). 793 Center St.
1895 Chadwick, Henry Dexter...Westfield. State Sanatorium.
1916 Chalfen, Samuel Edward..Cambridge. 1129 Cambridge St.
1906 Chalmers, Hattie Elizabeth.Marlborough. 32 West Main St.
1908 Chalmers, Robert.....Woburn. 49 Pleasant St.
1872 Chamberlain, Myron Levi..Boston. 482 Commonwealth Av.
1895 Chamberlain, William Eugene Rutland.
1914 Chamberlin, Harold Augustus North Abington (Abington). 301 Plymouth St.
1907 Champion, Merrill Edwin..Wollaston (Quincy). 50 Phillips St.
1905 Chandler, Clarence Luther.Fitchburg. 44 Prichard St.
1915 Chandler, Harold Beckles..West Newton (Newton). 51 Winthrop St.
1883 Chandler, Henry Beckles...West Newton (Newton). Office, Boston. 34½ Beacon St.
1888 Chandler, Norman Fitch...Medford. 82 High St.
1911 Chandler, Thomas Evans..Boston. 19 Bay State Rd.
1873, 1878 Channing, Walter..... {Brookline. Boylston St and Chestnut Hill Av.
1888 Chapin, Clifford Samuel....Great Barrington. 321 Main St.
1891 Chapin, Delia Lucretia.....Springfield. 313 State St.
1906 Chapin, Laurence Dudley..Springfield. 20 Maple St.
1885 Chapin, Walter Henry.....Springfield. 675 State St.
1915 Chapin, William Andrew Robertson Springfield. Springfield Hospital.
1899 Chapman, Charles Ratchford Springfield. 174 State St.
1917 Chaput, Lucien Romeo....Haverhill. 3 Washington Sq.
1913 Charbonneau, Noe Napoleon Grafton. Fisherville P. O.
1886 Charles, Orlando Warrington Bryantville (Pembroke).

1900 Charteris, Mary Alena.....Worcester. 15 Irving St.
1908 Chase, Charles Otis.....Watertown. 51 Mt. Auburn St.
1900 Chase, Edwin Llewellyn....Shrewsbury.
1908, Chase, Gilman Leeds.....Clinton. 215 High St.
1907 Chase, Harrison Ayer.....Brockton. 231 Main St.
1909 Chase, Heman Baker.....Hyannis (Barnstable). Main St.
1886 Chase, Heman Lincoln.....Brookline. 126 Harvard St.
1902 Chase, Henry Melville.....Boston. 409 Marlboro' St.
1855 Chase, Irah Eaton †1897 Haverhill. 59 Park St.
1915 Chase, Joseph, Jr.....Weymouth. 655 Broad St.
1902 Chase, Walter Greenough...Boston. 279 Marlboro' St.
1914 Cheever, Austin Walter....Mattapan (Boston). Office, Boston. 510 Commonwealth Av.
1886 Cheever, Clarence Alonzo...Mattapan (Boston). 1531 Blue Hill Av.
1902 Cheever, David.....Boston. 355 Marlboro' St.
1891 Chenery, William Elisha...Boston. 222 Huntington Av.
1886 Cheney, Frederick Edward Concord. Office, Boston. 64 Commonwealth Av.
1905 Chesley, Alfred Ervan.....Lawrence. 181 Essex St.
1876 Chipman, William Reginald †1915 Chelsea. 44 County Road.
1917 Chisholm, Lawrence Chesley..Salem. 111 Federal St.
1906 Chisholm, Miles Dudley....Westfield. 128 Elm St.
1900 Choate, Horace Henry.....Gloucester. 80 Middle St.
1903 Cholerton, Herbert.....West Somerville (Somerville). 94 College Av.
1902 Christian, Henry Asbury...Boston. 252 Marlboro' St.
1908 Christiernin, Charles Leonard East Orange, N. J. Office, New York, N. Y. 1 Madison Av.
1915 Chronquest, Alfred Peter..Hathorne (Danvers). State Hospital.
1895 Church, Charles Albert....Millbury. Elm St.
1912 Church, Claude Henry.....Fitchburg. Burbank Hospital.
1906 Churchill, John Darling....Plymouth. 63 Court St.
1895 Chute, Arthur Lambert.....Boston. 350 Marlboro' St.
1888 Cilley, Daniel Plummer....Westborough. 30 East Main St.
1913 Claffy, John McMahon.....Springfield. 183 North Main St.
1891 Clancy, William Henry....East Cambridge (Cambridge). 80 Otis St.
1900 Clap, Edmund Wright.....Boston. 390 Commonwealth Av.
1892 Clapp, Frank Horace.....North Grafton (Grafton).
1898 Clark, Albert Ulysses Franklin Westborough. 10 Parkman St.
1869 Clark, David †1908 Springfield. 155 Long Hill.
1916 Clark, De Witt Scoville....Salem. 32 Washington Sq.
1901 Clark, Edward James.....Lowell. 219 Central St.
1901 Clark, Ezra Warren †1914 Brockton. 3 Garden Road.
1913 Clark, Frank Robinson.....Newtonville (Newton). 227 Walnut St.
1901 Clark, Frederick Timothy...Westfield. 80 Elm St.
1898 Clark, George Henry.....Holyoke. 441 High St.
1905 Clark, George Oliver.....Boston. 142 Beacon St.
1911 Clark, Harry Ainsworth....North Andover. 47 Prescott St.
1906, 1913 Clark, John Donovan.....Abington, Conn.
1886 Clark, Joseph Payson.....Boston. 71 Marlboro' St.
1880 Clark, Julius Stimpson †1911 Melrose. 109 Mrytle St.
1889 Clark, Leonard Brown.....Waverley (Belmont). 36 Sycamore St.
1897 Clark, Mary Wilson..... Medford. 4 Washington St.
1892 Clark, Sidney Avery.....Northampton. 124 Main St.
1908 Clark, Thomas Francis.....Taunton. 62 Broadway.
1910 Clark, Webster Kimball....Greenfield. 6 Franklin St.
1907 Clark, William Irving, Jr...Worcester. 37 Pearl St.
1914 Clark-MacLeod, Emily.....Boston. 260 Newbury St.
1901 Clarke, Genevieve.....Cambridge. 825 Mass. Av.
1911 Clarke, Harry Carver.....Lynn. 180 South Common St.
1904 Clarke, Ines Louise.....Cambridge. 825 Mass. Av.

1888 Clarke, Israel James.....Haverhill. 112 Emerson St.
1910 Clarke, Joshua Williams...Attleborough. 48 Bank St.
1902 Clarke, Louis Henry.....Holyoke. 282 Maple St.
1915 Clarke, Mary Ella.....Malden. 629 Main St.
1915 Clarke, Willis Earl.....Malden. 490 Pleasant St.
1897 Cleary, James.....Cambridge. 770 Mass. Av.
1914 Cleary, Robert Emmett....Holyoke. 1049 Dwight St.
1901 Cleaves, Ezra Eames.....Rockport. 27 Main St.
1895 Cleaves, Frederick Henry..Brookline. Office, Boston. Custom House.
1908 Cleaves, Helen Frances Taft Palmer. Monson State Hospital
1874 Clement, George Wilmot...Roxbury (Boston). 275 Warren St.
1911 Cleveland, Heber Howe....Wellesley Hills. Office, Boston. 205 Beacon St.
1875 Cliff, Leander Albert.....Boston. 427 Shawmut Av.
1901 Cloudman, Harry Radcliffe Brockton. 33 Clinton Av.
1911 Clymer, George, Jr.....Boston. 126 Bay State Rd.
1892 Cobb, Albert Crocker.....Marion. Front St.
1895 Cobb, Carolus Melville.....Lynn. 10 Nahant St.
1907 Cobb, Chester Thompson..Northampton. 91 South St.
1893 Cobb, Farrar.....Boston. 28 Commonwealth Av.
1889 Cobb, Frederic Codman....Boston. 11 Marlboro' St.
1912 Cobb, Gardner Nathan.....Boston. North End Park. U. S. S. "Ranger."
1897 Cobb, Oliver Warren.....Easthampton. 59 Main St.
1914 Coburn, Harry Ray.....Tewksbury. State Infirmary.
1904 Coburn, Horace Fordyce...Lowell. 9 Central St.
1898 Cochran, William James...Natick. 50 West Central St.
1914 Cochrane, Robert Carlyle..Boston. 96 Bay State Rd.
1905 Cockett, Marguerite Standish Am. Fund for French Wounded. L'Alcazar Av. des Champs Elysees. Paris, France.
1895 Codman, Ernest Amory....Boston. 227 Beacon St.
1912 Cody, Edmond Francis.....New Bedford. 105 South 6th St.
1912 Cody, Harry Clinton.....New Orleans, La., 163 Dryades St.
1916 Cody, Peter White.....Lawrence. 229 Andover St.
1885 Coffin, Arthur Baylies.....Dorchester (Boston). Office Boston. 159 Devonshire St.
1907 Coffin, Frank Herbert.....Haverhill. 91 Emerson St.
1896 Coffin, Rockwell Augustus..Boston. 234 Clarendon St.
1887 Cogan, Joseph Ambrose....Boston. 419 Boylston St.
1892 Cogswell, George Proctor...Cambridge. 18 Garden St.
1896 Cogswell, William.....Haverhill. 151 Merrimack St.
1917 Cohen, Joseph Powitzer...Brookline. 105 Winchester St.
1916 Cohen, Milton Michael....Roxbury (Boston). 40 Gaston St.
1910 Colberg, Peter Albert.....Worcester. 17 Stebbins St.
1897 Colburn, Harry Hayford...Boston. 103 Mt. Vernon St.
1912 Cole, Arthur Judson.....Holbrook. North Franklin St.
1892 Collier, Lawrence Henry Goodwin Jamaica Plain (Boston). 212 South St.
1915 Collins, Frank Laforest....Salem. 31 Charter St.
1910 Collins, Joseph Daniel.....Northampton. 90 Main St.
1903 Collins, Richard.....Waltham. 837 Main St.
1899 Collins, William James....Northampton. 90 Main St.
1908 Collins, William Morris....Lowell. 22 Central St.
1881 Colt, Henry.....Pittsfield. 193 South St.
1879 Comey, Perley Pierce.....Augusta, Ga. 872 Hillman St.
1883 Conant, William Merritt...Boston. 486 Commonwealth Av.
1913 Condrick, John Joseph.....Brockton. 68 Main St.
1883, 1900 Cone, Dwight Eleazer.. Fall River. 938 South Main St.
1913 Conley, Brainard Francis..Malden. 203 Main St.
1909 Conlin, Robert Emmett....Woburn. 353 Main St.
1906 Conlon, Frank Aloysius....Lawrence. 301 Essex St.
1891 Connell, Arthur Irving.....Fall River. 456 South Main St.
1909 Connelly, John Edward....Brookline. 9 Sewall Av.
1902 Conner, Homer Leigh.....Haverhill. 85 Emerson St.
1897 Connor, Charles Frank.....New Bedford. 11 North Orchard St.
1902 Conro, Arthur Clifton.....Attleborough. 15 Mechanic St.
1906 Conroy, Edward Cornelius..Andover. Office, Lawrence. 263 Essex St.
1895 Conroy, Peter John.....Everett. 355 Broadway.
1915 Constans, Frank Elmore...Brockton. 7 Main St.
1879 Cook, Charles Henry.....Natick. 35 West Central St.
1914 Cook, James Henry.....Braintree. 346 Washington St.
1914 Cook, John William.....Mansfield. 114 North Main St.
1905 Cook, Philip Howard.....Worcester. 771 Main St.
1893 Cook, Snow Parker Freeman Gloucester. 132 Main St.
1905 Cooley, Abbott Lathrop....Chicopee Falls (Chicopee). 130 Broadway.
1885 Coolidge, Algernon.....Brookline. Office, Boston. 613 Beacon St.
1893 Coolidge, John Nelson.....New York, N. Y. 1 Madison Av.
1901 Coolidge, Sumner.....Middleborough. Lakeville State Sanatorium.
1898, 1903 Coon, George Bailey.....Tampa, Fla.
1907, 1915 Coon, William Hall.....Haverhill. 22 Park St.
1912 Cooney, Margaret Blanche..Haverhill. 67 Winter St.
1909 Cooney, Michael Edward..Northampton. 39 Main St.
1892 Cooper, Almon.....Brookline. 114 Park St.
1915 Copeland, Elmer Humphrey Northampton. 168 Elm St.
1878 Copeland, Horatio Franklin Whitman. †1913 532 Washington St.
1906 Corbett, Jeremiah Joseph..Malden. Office, Boston. 520 Beacon St.
1911 Corcoran, George Bartlett..West Springfield. 30 Park St.
1909 Corcoran, John Gilbert.....Hamilton.
1905 Corey, Frederick Hall.....Rockland. 361 Union St.
1907 Coriat, Isador Henry.....Boston. 416 Marlboro' St.
1911 Cornforth, Herbert Huskisson Hot Springs, S. Dakota.
1913 Cornish, Solon Washington. Everett. 79 Winthrop St.
1907 Cornwall, Andrew Payne...Brookline. Office, Boston. 535 Beacon St.
1904 Cort, Parker Martin.....Springfield. 691 State St.
1917 Cosgrove, Joseph Justin...Westfield. State Sanatorium.
1906, 1913 Costello, John Henry... Dorchester (Boston). 68 Pleasant St.
1912 Cotter, Timothy Francis....Haverhill. 116 Main St.
1917 Cottle, Louis Albert..... Worcester. 50 Orange St.
1897 Cotton, Frederic Jay.....Boston. 520 Commonwealth Av.
1895 Coues, William Pearce.....Boston. 31 Mass. Av.
1895 Couillard, Pierre Leonard..Manchaug (Sutton).
1892 Councilman, William Thomas Boston. Office, Roxbury (Boston). 240 Longwood Av.
1911 Coupal, James Francis.....Roxbury (Boston). Office, Boston. 1091 Boylston St.
1915 Courie, Wadie Fadoul.....Detroit, Mich. 198 Orleans St.
1914 Coursey, Frank Rudolph...Boston. 802 Tremont St.
1893 Courtney, Joseph William..Boston. 94 Bay State Road.
1914 Courtney, Thomas Joseph..Waltham, 26 Common St.
1892 Cousins, Nicholas William..Waltham. 17 Crescent St.
1872 Cowles, Edward †1910 Plymouth. 8 Sever St.
1886 Cowles, Frank Augustus...Beverly. 276 Cabot St.
1901 Cowles, Frederick Waterman West Brookfield.
1910 Cowles, William Lee.....Boston. 497 Beacon St.
1887 Cowles, William Norman..Jamaica Plain (Boston). 44 Southbourne Rd.

1907 Cox, Ann Caroline.....Boston. 70 Huntington Av.
1914 Cox, Oscar Francis.....Boston. 1081 Boylston St.
1905 Cox, Simon Francis.....New Haven, Conn. New Haven Hospital.
1913 Cox, Stanley Cullen.....Holyoke. 242 Maple St.
1901 Coyne, Thomas Joseph.....Roxbury (Boston). 636 Dudley St.
1914 Crabtree, Ernest Granville..Brookline. Office, Boston. 87 Marlboro' St.
1889 Craigin, George Arthur.....Boston. 18 Hereford St.
1891 Cram, John Wesley.....Colrain.
1915 Crandall, Walter Midkiff..Lawrence. 332 Broadway.
1896 Crandell, Arthur Richmond..Taunton. 48 Church Green.
1899 Crandon, Le Roi Goddard..Boston. 366 Commonwealth Av.
1906 Crane, Bayard Taylor.....Rutland. Maple Av.
1909 Crane, Clarence.....Boston. 224 Huntington Av.
1899 } Crawford, Francis Xavier. { Boston.
1907 } { Deer Island Hospital.
1910 Crawford, Frank Wallis....Holbrook. North Franklin St.
1885 Crawford, Sarah Marcy †1911 Newton Center (Newton). 194 Ward St.
1914 Creamer, William Henry...Fall River, 466 N. Main St.
1908 Creely, Oscar Slade.....Watertown. 63 Mt. Auburn St.
1906 Cregg, Francis Aloysius....Lawrence. 477 Essex St.
1907 Crispo, Peter Timothy.....Fall River. 439 Bedford St.
1894 Croacher, Anna Wood.....New Bedford. 51 Fifth St.
1892 Crocker, Benton Pulsifer...Foxborough. South St.
1904 Crocker, Louis Allen.....Brewster.
1887 Crocker, Susan Elizabeth †1901 Los Angeles, Calif. 849 W. 34th St.
1891 Crockett, Eugene Anthony..Boston. 298 Marlboro' St.
1898 Croft, Benjamin Pomeroy..Bernardston. Office, Greenfield. 17 Federal St.
1917 Croissant, Charles Augustus Worcester. 8 Blair St.
1913 Croke, Louis Ward.....Dorchester (Boston). 22 Mather St.
1914 Cronin, Herbert Joseph....Cambridge. 69 Concord Av.
1899 Cronin, Michael John.....Roxbury. Office, Boston. 520 Beacon St.
1898 Cronin, Thomas Joseph....Worcester. 49 Pleasant St.
1909 Crosbie, Arthur Hallam....Boston. 79 Milk St.
1903 Crosby, Leander Marshall..Wakefield. Office, Boston. 419 Boylston St.
1910 Crosby, Walter Hiram.....Brighton (Boston). 305 Faneuil St.
1912 Cross, Albert Elmer.....Worcester. 390 Main St.
1899 Cross, William Patrick.....South Boston (Boston). 491 Broadway.
1897 Crossman, Frank Albert...Dorchester (Boston). 677 Dudley St.
1881 Croston, John Francis.....Haverhill. 83 Emerson St.
1885 Crowell, Samuel.....Dorchester (Boston). 8 Monadnock St.
1897 Crowley, Jeremiah Francis.Adams. 15 Park St.
1911 Cuddy, James Francis.....Athol. 585 Main St.
1915 Cudworth, Clarence Duane Miller's Falls (Montague).
1887 Culbertson, Emma Valeria Pintard Bicknell Boston. 33 Newbury St.
1916 Cullen, Charles Andrew...Hyde Park (Boston). 1273 Hyde Park Av.
1899 Cummin, John White.....Boston. 9 Mass. Av.
1901 Cummings, Alvah Cochran..Newton. 337 Washington St.
1911 Cummings, Dana Frank....Cherryfield, Me.
1876 Cummings, Edwin Francis..Revere. Office, Boston. 43 State House.
1904 Cummings, John Joseph....Worcester. 53 Pleasant St.
1901 Cummings, Morton Everett Malden. 358 Pleasant St.
1888 Cummings, Mott Alvah.....Winchester. 69 Church St.
1905 Cummins, Loretta Joy.....Boston. 45 Bay State Road.
1913 Cunningham, Allan Rowe..Boston. 45 Bay State Road.
1903 Cunningham, John Henry, Jr. Boston. 46 Gloucester St.
1914 Cunnningham, Joseph Henry Cambridge. 959 Mass. Av.
1914 Cunningham, Thomas Edward, Jr. Cambridge. 5 Ellery St.
1905 Curley, Clarence Proctor...Provincetown. Commercial St.
1917 Curran, George Lally.....North Adams. 63 Eagle St.
1914 Curran, John Francis.....Worcester. 505 Pleasant St.
1905 Curran, Simon Francis.....Dorchester (Boston). 104 Norfolk St.
1917 Currie, Inez Margaret.....Worcester. Memorial Hospital.
1912 Currier, Cyrus Richardson..Sandwich. Main St.
1900 Currier, William Eugene...Leominster. 87 Merriam Av.
1890 Currier, William Hale.....Pittsfield. 69 Linden St.
1898 Curry, Edmund Farnham..Fall River. 499 Hanover St.
1908 Curry, Ernest Francis.....Sagamore (Bourne). Keith Block.
1915 Curtin, John Francis.....North Abington (Abington). 6 Plymouth St.
1909 Curtis, Charles Leverett...Salem. 78 Federal St.
1887 Curtis, Francis George.....Chestnut Hill (Newton). 390 Hammond St.
1910 Curtis, Harlan Fuller.....East Longmeadow (Longmeadow). South Main St.
1890 Curtis, Henry Fuller.....Somerville. 145 Perkins St.
1899 Curtis, William Goodwin...Wollaston (Quincy). 10 Grand View Av.
1906 Cushing, Arthur Alden.....Brookline. 108 Marion St.
1913 Cushing, Harvey.....Brookline. Office, Roxbury (Boston). Peter Bent Brigham Hospital.
1881 Cushing, Hayward Warren.Boston. 70 Commonwealth Av.
1887 Cushman, Andrew Bernard.South Dartmouth (Dartmouth).
1882 Cushman, George Thomas..Roxbury (Boston). 46 Dudley St.
1911 Cushman, Howard Lewis..Methuen. 70 Broadway.
1906 Cusick, Lawrence Francis..Nahant. Office Boston. 99 Newbury St.
1898 Cusick, Thomas Francis....Taunton. 126 Weir St.
1898 Cutler, Charles Norton.....Chelsea. 309 Washington Av.
1872 Cutler, Elbridge Gerry.....Boston. 214 Beacon St.
1916 Cutler, Elliott Carr.....New York, N. Y. 23 East 33rd St.
1912 Cutler, George David.....Boston. 180 Marlboro St.
1914 Cutler, Myron Fred.....Southbridge. 39 Hamilton St.
1915 Cutler, Raymond William..Worcester. 62 Coburn Av.
1902 Cutter, Arthur Hardy.....Methuen. Office, Lawrence. 43 Broadway.
1908 Cutter, Irving Taylor.....Winchester. 31 Church St.
1887 Cutts, Harry Madison.....Brookline. 105 Aspinwall Av.
1906 Cyr, Emile Edouard.....Lawrence. 81 Bradford St.

D

1905 Dacey, Cornelius Joseph...Brockton. 12 Cottage St.
1902 Dadmun, Eliza Josephine..Boston. 483 Beacon St.
1904 Dailey, Edward Joseph....Somerville. 46 Bow St.
1913 Dalton, Charles Howard...Brookline. 405 Harvard St.
1908 Dalton, George Frederick..Springfield. 6 Maple St.
1882 Daly, Bernard Thomas.....Roxbury (Boston). 320 Dudley St.
1905 Daly, Jeremiah James.....Andover. Office, North Andover. 106 North Main St.
1898 Daly, Timothy Joseph.....Lawrence. 62 Bradford St.
1896 Daly, William Joseph.....Boston. 31 Mass. Av.
1902 Dame, Fred Russell.....South Braintree (Braintree). 1010 Washington St.
1895 Damon, Arthur Llewellyn..North Wilbraham (Wilbraham). Chapel St.
1906 Dana, Harold Ward.....Brookline. Office, Boston. 483 Beacon St.
1891 Dane, John.....Jamaica Plain. Office, Boston. 29 Marlboro' St.

1906 Danforth, Harland Abbott..Cliftondale (Saugus). 276 Lincoln Av.
1878 Daniels, Edwin Alfred.....Boston. 302 Newbury St.
1916 Daniels, Ora George.....Canton. Mass. Hospital School.
1908 Darling, Arthur Edwin.....Lynn. 65 Broad St.
1895 Darling, Charles Balfour...Roxbury (Boston). Office, Boston. 419 Boylston St.
1894 Darling, Eugene Abraham.Cambridge. 134 Brattle St.
1907 Dascombe, Otho Lee.....Waltham. 255 Moody St.
1900 Daudelin, Simeon Alphonse Worcester. 11 Elm St.
1871 Davenport, Bennett Franklin, †1910 Watertown. Office, Boston. 34 School St.
1877 Davenport, Francis Henry.Boston. 390 Commonwealth Av.
1887 Davenport, James Henry...Providence, R. I. 210 Benefit St.
1906 Davidson, Henry James Duff Springfield. 26 Maple St.
1891 Davidson, Kallman Meyer..Roxbury (Boston). Office, Boston. 31 McLean St.
1895 Davis, Bessie Delano.....Cambridge. 21 Magazine St.
1911 Davis, Charles Allen.....South Dennis (Dennis).
1899 Davis, Charles Henry.....South Hamilton (Hamilton).
1888 Davis, Ella Maxfield.....Holyoke. 188 Chestnut St.
1906 Davis, Ernest Leland.....Springfield. 106 State St.
1907 Davis, Frank Albert.....Boston. Hotel Brunswick.
1913 Davis, Frederick Durand...Westfield. 57 North Elm St.
1915 Davis, George Rufus.....Marshfield Hills (Marshfield). Main St.
1914 Davis, Henry Levi.....Lynn. 12 Van Buren Terr.
1899 Davis, Lincoln.....Boston. 205 Beacon St.
1906 Davis, Minot Flagg.....Boston. 15 Charles St.
1880 Davis, Samuel Thomas.....Vineyard Haven (Tisbury).
1897 Davis, Stephen Rich.....Lynn. 188 Chestnut St.
1898 } Davis, William Horace..{ Dorchester (Boston).
1913 } { 23 Beaumont St.
1905 Davison, Arthur Howard...Dorchester (Boston). 564 Washington St.
1914 Dawson, Roger Paul.....Boston. 205 Beacon St.
1911 Day, Charles Orrin.....Hingham. Main St.
1892 Day, Clarence Currier.....Newburyport. 23 Titcomb St.
1916 Day, Edward Philip.....Dorchester (Boston). 385 Columbia Road.
1905 Day, Hilbert Francis.....Boston. 45 Bay State Rd.
1914 Deacy, John Joseph.....Lawrence. 32 Lawrence St.
1893 Deal, Edward Edwin.....Brookline. 147 Winthrop Road.
1892 Deal, George Francis.....Malden. 807 Salem St.
1896 Dean, Ralph Denniston....Taunton. 152 High St.
1866 Deane, Asahel Sumner †1902 Taunton. 60 Broadway.
1887 Deane, Wallace Harlow....Springfield. 137½ State St.
1907 Dearborn, George Van Ness..Cambridge. 6 Mason St.
1908 Dearborn, Henry Follansby..Methuen. Office, Lawrence. 193 Garden St.
1906 Dearborn, Henry Hale.....Becket.
1893 Dearing, Henry Lincoln....Braintree.
1881 DeBlois, Thomas Amory...Boston. 523 Newbury St.
1914 Deering, Charles Fuller....Danvers. 57 Elm St.
1905 Deering, George Edwin.....Worcester. 129 Plesasnt St.
1890 Dehn, Edward William....New Bedford. 23 Linden St.
1886 DeLand, Charles Airmet...Warren. 7 Quaboag St.
1898 De Langle, Charles Petit...Lynn. 540 Western Av.
1884 Delahanty, William Joseph.Worcester. 5 Trumbull Sq.
1885 } Delano, Samuel.....Boston. 39 Newbury St.
1912 }
1893 De Lue, Frederick Spaulding Needham. Office, Boston. 99 Newbury St.
1917 DeMarco, Thomas Andreas.Springfield. 686½ Main St.
1911 Dempsey, James Edward...Newton. 449 Washington St.
1895 Denig, Blanche Alpine.....Boston. 541 Boylston St.
1911 Dennen, Ralph Waite.....Waltham. 258 Moody St.
1900 Dennett, Alonzo Gustin....Lowell. 40 Riverside St.
1897 Dennett, Charles Augustus.Arlington. 754 Mass. Av.
1898 Dennett, Daniel Clement...Winchester. 7 Washington St.
1917 Dennett, Paul Carroll.....Chelsea. Frost Hospital.
1906 Denning, Edward John....South Boston (Boston). 577 Broadway.
1909 Denning, Frederic Joseph..South Boston (Boston). 216 Broadway.
1901 Denning, William Edward..Worcester. 63 Pleasant St.
1896 Dennison, Archibald Sayre.Lynn. 7 Franklin St.
1895 Denny, Francis Parkman...Brookline. 111 High St.
1915 Denny, George Parkman....Boston. 285 Marlboro' St
1904 DeNormandie, Robert Laurent Boston. 355 Marlboro' St
1916 Derby, Frederick William..Boston. 168 Huntington Av.
1903 Derby, George Strong.....Boston. 7 Hereford St.
1892 Derby, William Parsons....Cambridge. 120 Pearl St
1914 Dervin Laurence James....Somerville. 218 Highland Av.
1916 Dervin, Peter John.....Dorchester (Boston). 157 Harvard St.
1911 Desmond, Clarence Francis.Waltham. 552 Main St.
1909 Devenny, Joseph Henry....Dorchester (Boston). 2 King St.
1904 Devere, Fred Hewitt.....Auburn, R. I. 677 Park St.
1884 Devine, William Henry....South Boston (Boston). 595 Broadway.
1903 Devlin, Peter Clarke.....Lynn. 784 Western Av.
1886 Dewey, Charles Gipson.....Dorchester (Boston). 44 Alban St.
1906 Dewing, Louis Alexander..Boston. 215 Huntington Av.
1893 Dewis, John William.....Brookline. Office, Boston. 69 Newbury St.
1913 DeWolf, Charles Wentworth Tewksbury. State Infirmary.
1887 Dexter, Franklin.....Beverly. Office, Boston. 247 Marlboro' St.
1905 Dexter, Fred Fay.....Springfield. 2 Temple St.
1917 Dexter, Robert Besnard....Dorchester (Boston). State Hospital.
1915 Dezell, Frederick Burr....Lynn. 293 Euclid Av.
1907 Dickinson, Gyrdie Willie...Everett. 163 Elm St.
1898 Dickson, Richard Ensign...Holyoke. 598 Dwight St.
1910 Dillon, Michael John.....Springfield. 182 State St.
1917 Dillon, William Joseph....Springfield. 700 State St.
1917 DiMento, Vincent James...Boston. 349 Hanover St.
1894 Dion, Thomas Joseph.....West Quincy (Quincy). 59 Cross St.
1912 Disbrow, Edward Perry....Worcester. City Hospital.
1901 Dix, George Alfred.....Worcester. 105 Pleasant St.
1911 Dixon, Arthur.....Worcester, 313 Lincoln St.
1871 Dixon, Lewis Seaver.....Boston. 232 Clarendon St.
1881 Dixon, Robert Brewer.....Boston. 232 Clarendon St.
1881 } Doble, Ernest Edgar....Quincy. 150 Cross St.
1917 }
1911 Dobson, William Marshall..Dorchester (Boston). State Hospital.
1896 Dodd, Isaac Spencer Finney Pittsfield. 24 North St.
1912 Dodd, John Edward.....Framingham. 33 Union Av.
1900 Dodge, Arthur Malcolm....Boston. 483 Beacon St.
1907 Dodge, George Francis.....Athol. 1302 Main St.
1886 Dodge, William Wooldredge.Boston. 1074 Boylston St.
1882 Doggett, Frederic Fobes....South Boston(Boston). 805 Broadway.
1916 Doherty, Francis Joseph..Brighton (Boston). 71 Chestnut Hill Av.
1885 Dolan, William Andrew....Fall River. 546 South Main St.
1915 Dolan, William Edward...Worcester. 32 Lincoln St.
1915 Dolan, William Francis....Quincy. 28 Adams St.
1899 Dole, Charles Frederick....Sharon. 2 North Main St.
1917 Dole, Kenneth Llewellyn..Jamaica Plain (Boston). 14 Roanoke Av.
1889 Donahue, Hugh.....Haverhill. 19 White St.
1895 Donahue, William Francis.Cambridge. 2294 Mass. Av.
1903 Donaldson, James Frank...Salem. 32 Lynde St.
1908 Donnell, Herbert Anthony.Medford Office, Boston. 536 Commonwealth Av.
1885 Donoghue, Daniel Francis..Holyoke. 240 Maple St.
1894 Donoghue, Francis Dennis..Boston. 864 Beacon St.

1904 Donoghue, John Joseph....Worcester. 8 Vernon Sq.
1908 Donohue, Jeremiah Joseph.Worcester. 9 Trumbull St.
1887 } Donovan, Michael Ricard. { Lynn.
1904 } { 101 North Common St.
1915 Donovan, Sylvester Edward New Bedford. 8 Wing St.
1911 Donovan, Thomas Roche...Fitchburg. 40 Prichard St.
1910 Doonan, Henry Edward...South Hadley Falls. (South Hadley).
1916 Doray, Frank Leslie.....Worcester. 4 Normal St.
1880 Dorcey, James Edmund....Boston. 172 Harrison Av.
1900 Dorgan, Joseph Aloysius...Lawrence. 477 Essex St.
1909 Dorion, Kinton..... Lawrence. 99 Bradford St.
1885 Dorr, Charles Alonzo.....Hingham. 304 Main St.
1901 Doucett, Frederick Luke...East Weymouth (Weymouth).
1905 Douglas, Archibald John...Westfield. 38 Elm St.
1899 Dow, David Crooker.....Cambridge. 6 Hilliard St.
1887 Dow, Edmund Scott.....Allston (Boston). 40 Harvard Av.
1911 Dow, Frank Edward.....Northampton. 16 Center St.
1897 Dow, George Farwell. ....Reading. 20 Woburn St.
1882 Dow, George William. .....Lawrence. 80 East Haverhill St.
1871 Dow, James Arthur †1913 Belmont. Payson Rd.
1914 Dowling, John Joseph.....Boston. City Hospital.
1895 Downey, Charles John.....Springfield. 317 Main St.
1908 Downey, Henry Arthur....Mittineague (West Springfield). 388 Westfield St.
1906 Downing, Andrew Francis..Cambridge. 501 Huron Av.
1897 Downing, Franklin Chace..Lanesborough.
1909 Drake, Richard Alvin.....West Medford (Medford). 6 Irving St.
1883 Drake, William Abram.....North Weymouth (Weymouth).
1901 Draper, Alexis Lumb.....Dorchester (Boston). 1107 Washington St.
1885 Drew, Charles Aaron.....Worcester. City Hospital.
1904 Drew, Frederick Prescott..East Dedham (Dedham).
1895 Drew, Maria Emma.....Atlantic (Quincy). 39 Newbury Av.
1902 Dreyfus, Edna Weil.....Brookline. 30 Amory St.
1917 Driscoll, DeCourcey John..Lynn. 12 Whiting St.
1865 Driver, Stephen William Cambridge. 5 Farwell Pl. †1915
1897 Drohan, James Henry.....Brockton. 204 Main St.
1888 Drummey, Nicholas Daniel.Dorchester (Boston). 533 Washington St.
1904 Drury, Dana Warren.....Roxbury (Boston). Office, Boston. 407 Marlboro' St.
1915 Drury, John Nelson.....Lowell. 8 Central St.
1906 Dubois, Eoline Church.....Springfield. 293 Bridge St.
1917 Ducharme, Alphonse Napoleon Worcester. 20 Hamilton St.
1901 Duckering, Florence West..Boston. 520 Beacon St.
1900 Duckering, William West...Dorchester (Boston). 2 Warner St.
1908 Ducy, William Dwyer.....Brockton. 13 Clinton Av.
1894 Dudley, Augustus William..Cambridge. 1740 Mass. Av.
1891 Duff, John.....Charlestown (Boston). 5 Dexter Row.
1916 Duff, John, Jr.....Charlestown. Office, Boston. City Hospital.
1886 Duggan, John Thomas.....Worcester. 226 Southbridge St.
1906 Dunbar, Francis Herbert..Mansfield. P. O. address Boston. 46 Cornhill.
1893 Dunbar, Frank Collins.....Roxbury (Boston). 9 Beethoven St.
1914 Dunham, Adeline Frances..Cambridge. 881 Mass. Av.
1894 Dunham, Henry Bristol....Glen Gardner, N. J. N. J. Sanatorium.
1903 Dunn, Charles Hunter.... Boston. 178 Marlboro' St.
1894 Dunn, Charles Stein.....Haverhill. 133 Main St.
1874 Dunn, William Aloysius...Boston. 139 Beacon St.
1913 Dunn, William Ambrose....Boston. 154 Richmond St.
1909 Dunphy, Henry Ambrose...Thorndike (Palmer).
1885 Durant, Charles Edwin....Haverhill. 105 Emerson St.
1879 Durell, Thomas Moulton...Somerville. 131 Highland Av.
1866 Durgin, Samuel Holmes †1916 Duxbury. Millbrook P. O.
1867 Dutton, Charles.....Wakefield. 33 Avon St.
1916 Dutton, Frank Kingsley...Chicopee Falls (Chicopee). { 29 Arlington St.
1906 Dutton, Julius Maltby.....Westfield. 108 Elm St.
1902 Dutton, Richard.....Wakefield. 33 Avon St.
1890 Dwight, Edwin Welles.....Boston. 87 Milk St., Room 46
1896 Dwight, Henry Leonard....Copperopolis, Calif. Box 27.
1890 Dwyer, John Edward.....Cambridge. 878 Mass. Av.
1911 Dwyer, John Edward, Jr..Cambridge. 47 Inman St.
1905 Dwyer, William Joseph....Boston. Office, Cambridge. 118 Pearl St.
1882 } Dyer, Ebenezer Alden... { Whitman.
1904 } { 506 Washington St.

E

1884 Eames, George Franklin...Boston. 249 Newbury St.
1912 Earle, George Henry.....Boston. 1138 Boylston St.
1916 Easter, Edna Frances.....Worcester. Belmont Hosp.
1901 Eastman, Alexander Crane.Springfield. 6 Chestnut St.
1906 Eastman, Theodore Jewett South Berwick, Me. Office, Boston. 71 Marlboro' St.
1900 Easton, Elwood Tracy.....Boston. 209 Newbury St.
1915 Eaton, Harold Burney.....Boston. 222 Marlboro' St.
1914 Eaton, Henry Douglas.....Stockbridge.
1906 Eaton, William Edward....U. S. Navy.
1866 Eddy, George Stetson †1909..Newton. 73 Sargent St.
1917 Edelstein, Samuel .....Roxbury (Boston). 31 Gaston St.
1861 Edes, Robert Thaxter †1912 Springfield. 251 Rimmon Av.
1913 Edsall, David Linn.....Milton. Office, Boston. 80 Marlboro' St.
1867 Edson, Ptolemy O'Meara †1904 Roxbury (Boston). 36 Elm Hill Av.
1894 Edwards, William Lothrop. Boston. 33 Gloucester St.
1897 Egan, John Joseph.....Gloucester. 52 Pleasant St.
1906 Ehrenfried, Albert.....Boston. 362 Commonwealth Av.
1887 Ehrlich, Henry.....Boston. 172 Commonwealth Av.
1915 Eidam, Carl Hermann..... Lawrence. 334 Prospect St.
1913 Eisner, Maurice Soloman...Pittsfield. 86 North St.
1874 Ela, Walter †1914 Cambridge. 13 Ash St.
1907 Elder, Fred Orestes.....Wakefield. 22 Chestnut St.
1885 Eldridge, David Gorham...Dorchester (Boston). 15 Monadnock St.
1916 Elkind, Henry Byron .....Worcester. 98 Winter St.
1906 Ellam, Herbert William....Gardner. 29 Parker St.
1914 Eliot, Henry Whitney.....Belchertown.
1900 Elliot, Henry Libbey.....Salem. 84 Washington Sq.
1877 Elliot, John Wheelock.....Boston. 124 Beacon St.
1903 Elliott, Alfred.....Middleborough. Rock St.
1873 Elliott, Russell Dunson....Boston. 154 Richmond St.
1906 Ellis, Arthur Henry.....Greenfield. 317 Federal St.
1905 Ellis, Edward Keith.....Hyde Park (Boston). Office, Boston. 232 Clarendon St
1880 Ellis, Frederic Warren.....Monson. Oak St.
1873 Ellis, George Livingstone †1913 Middleborough. 135 Center St.
1915 Ellison, Daniel James.....Lowell. 8 Merrimack St.
1894 } Ellison, George Washington Spencer. 158 Main St.
1916 }
1899 Ellsworth, Samuel Walker.Quincy. Office, Boston. 64 Commonwealth Av.
1899 Ely, Richard Skinner.....West Townsend (Townsend).
1913 Ely, Theodore Williams....Allston (Boston). 1126 Commonwealth Av.
1903 Emerson, Benjamin Kendall Worcester. 37 Pearl St.
1873 Emerson, Edward Waldo...Concord. Lowell Road. †1917

1899 Emerson, Ernest Benjamin State Farm (Bridgewater).
1893 Emerson, Francis Patten...Brookline. Office, Boston. 520 Commonwealth Av.
1917 Emerson, Frederick Lincoln Dorchester (Boston). 50 Hancock St.
1903 Emerson, George Edward..South Weymouth (Weymouth). Office, Boston. 543 Boylston St.
1893 Emerson, Herbert Clark....Springfield. 177 State St.
1911 Emerson, Nathaniel Waldo Jamaica Plain (Boston). 118 Forest Hills St.
1916 Emerson, Paul Waldo.....Boston. 86 Bay State Road.
1900 Emerson, William Robie Patten Boston. 657 Boylston St.
1900 Emery, George Edwin.....Worcester. 280 Lincoln St.
1909 Emery, William Campbell..Dorchester (Boston). 430 Columbia Road.
1915 Emery, William Edward...Beverly. Beverly Hospital.
1870 Emery, William Henry....Roxbury (Boston). 109 Warwick St.
1905 Emmons, Arthur Brewster, 2d Dover. Office, Boston. 86 Bay State Road.
1915 Emmons, Henry Manning..Jamaica Plain (Boston). 19 Burroughs St.
1904 England, Albert Charles...Pittsfield. 124 North St.
1912 English, Martin Joseph....Boston. 514 Commonwealth Av.
1888 Ensworth, William Howard.East Boston (Boston). 40 Princeton St.
1894 Erb, Theodore Charles.....Boston. 394 Marlboro' St.
1893 Ermentrout, Sallie Justina.Eldridge, Calif.
1881 Ernst, Harold Clarence....Jamaica Plain (Boston). Office, Roxbury (Boston). 240 Longwood Av.
1899 Estabrook, Charles Taylor..Worcester. 390 Main St.
1912 Eustis, Richard Spelman...Boston. 329 Beacon St.
1903 Evans, Albert.....Boston. 409 Marlboro' St.
1904 Evans, Miner Harlow Amos, Jr. Dorchester (Boston). Office, Boston. 248 Newbury St.
1908 Eveleth, Samuel Chester...Marblehead. 137 Washington St.
1899 Everett, Eugene Ellsworth.Boston. 427 Marlboro' St.
1905 Everett, Frederick Luther..Springfield. 10 Chestnut St.
1880 Everett, Oliver Hurd.....Worcester. 53 Pearl St.
1865 Everett, Willard Shepard †1905 Newton Upper Falls. 20 Summer St.
1900 Ewing, George Winburn...Middleton. Office, Peabody. 32 Main St.

F

1906 Fabyan, Marshal.....Boston. 379 Commonwealth Av.
1899 Fair, John Francis.....East Cambridge (Cambridge). 390 Cambridge St.
1901 Fair, Robert Patrick.....Boston. 481 Beacon St.
1899 Fairbanks, Arthur Willard .Brookline. Office, Boston. 591 Beacon St.
1897 Fales, Alonzo Cartland....Middleton, N. S.
1912 Fallon, Joseph Francis.....Brookline. 1 Kendall St.
1891 Fallon, Michael Francis....Worcester. 390 Main St.
1880 Farlow, John Woodford....Boston. 127 Bay State Road.
1895 Farnham, John Marshall Willoughby Worcester. 28 Pleasant St.
1874 Farr, Edwin Lawson.....Brookline. 92 Thorndike St.
1908 Farr, Irvin Harris.....Holyoke. 179 Chestnut St.
1915 Farrar, Lonnie Oliver.....State Farm (Bridgewater).
1894 Farrington, Leander Morton Arlington Heights. 102 Florence Av.
1893 Faulkner, Herbert Kimball.Keene, N. H. 78 West St.
1891 Faulkner, William Edward.Boston. 290 Marlboro' St.
1905 Faunce, Calvin Barstow, Jr.Jamaica Plain (Boston). Office, Boston. 95 Newbury St.
1905 Faxon, Eudora Winifred...Dorchester Center (Boston) State Hosp.
1892 Faxon, Eudora Meade †1912 Franklin. New Ray Block.
1907 Faxon, Nathaniel Wales...Stoughton. 4 Walnut Av.
1907 Faxon, William Otis.....Stoughton. 4 Walnut Av.
1897 Fay, Frank Gleason.....Worcester. 390 Main St.
1875 Fay, James Monroe.....Northampton. 71 King St.
1911 Fay, Joseph Henry.....Melrose. 6 West Emerson St.
1888 Fay, William Eastman.....Brookline. Office, Boston. 366 Commonwealth Av.
1904 Feeley, Charles Philip.....Cambridge. 1039 Mass. Av.
1914 Feeley, Walter Clarence....Cambridge. 885 Mass. Av.
1906 Felch, Carrie Innes.....Boston 1069 Boylston St.
1913 Felch, George Alfred.....Boston. 743 Tremont St.
1906 Felch, Lewis Perley.....Boston 1069 Boylston St.
1912 Fennelly, Daniel John.....Fall River. 52 Linden St.
1903 Fennessey, John Francis...Dorchester (Boston). 15 Adams St.
1915 Fenton, Alfred Archibald..Norwood.
1905 Fenwick, George Benson...Chelsea. 24 Gardner St.
1900 } Ferguson, Edward Hugh. { Mattapan (Boston).
1916 } { 1294 Blue Hill Av.
1901 Ferguson, Robert Henry...East Orange, N. J. 9 North Munn Av.
1908 Fernald, Guy Goodwin.....Concord Junction (Concord). Assabet Av.
1895 Fernald, Walter Elmore....Waverley (Belmont). P. O. Box 344.
1904 Ferrin, William Warren...Haverhill. 77 Emerson St.
1906 Field, Henry Martyn.....Norwood. 784 Washington St.
1904 Field, Martin Thomas.....Salem. 23 Winter St.
1900 Finch, George Hardy.....Springfield. 310 Main St.
1907 Finegan, Daniel Joseph....Gloucester. 83 Middle St.
1904 Finkelstein, Harry.....Boston. 342 Hanover St.
1912 Finkelstein, Nathan.....Pittsfield. 86 North St.
1911 Finlayson, Alan Daniel....Warren, Pa. State Hosp.
1890 Finn, Edward William.....Dedham. 5 Franklin Sq.
1913 Finnegan, Francis Augustine Fitchburg. 14 Longwood Av.
1913 Finnegan, Philip Joseph...Salem. 92½ Essex St.
1914 Finnerty, Charles William.Somerville. 761 Broadway.
1884 Finnigan, Patrick Joseph..Cambridge. 1412 Cambridge St.
1904 Fischbein, Louis.....Boston. 382 Newbury St.
1897 Fish, Ernest Clifford.....Melrose. 11 Wyoming Av.
1897 Fish, John Euclid.....Canton. Mass. Hospital School.
1904 Fish, Louis.....Fitchburg. 25 Myrtle Av.
1873 Fisher, Chester Irving †1916 New York, N. Y. 1925 7th Av.
1915 Fisher, Gertrude Guild....New York, N. Y. 1925 7th Av.
1902 Fisher, Irving Jewell.....West Newton (Newton). 79 Chestnut St.
1910 Fishman, Maurice.....Lowell. 40 Middlesex St.
1888 Fisk, Arthur Lyman.....New York, N. Y. 41 West 50th St.
1886 Fiske, Eustace Lincoln.....Fitchburg. 20 Prichard St.
1891 Fitz, George Wells.....Boston. P. O. address, Peconic, N. Y.
1913 Fitz, Reginald.....Roxbury (Boston). P. B. Brigham Hospital.
1898 Fitzgerald, Clara Pauline..Worcester. 137 Pleasant St.
1892 Fitzgerald, James Bernard.Boston. 393 Mass. Av.
1906 Fitzgerald, John Joseph...Haverhill. 111 Emerson St.
1903 Fitzpatrick, John Joseph...Charlestown (Boston). 50 High St.
1910 Fitz-Simmons, Henry Joseph Jamaica Plain (Boston). Office, Boston. 272 Newbury St.
1902 Flagg, Elisha.....Boston. 199 Commonwealth Av.
1909 Flagg, Harry Howard.....Charlestown (Boston). 30 Elm St.
1913 Flaherty, Edward James..Maynard. 44 Main St.
1914 Fleet, William Ernest.....Cambridge. 9 Columbia St.
1914 Fleming, Edward Rahn....Medford. 322 Boston Av.
1904 Fleming, Patrick Joseph...Cambridge. 234 Huron Av.
1903 Fleming, Peter Joseph.....Mattapan (Boston). 1258 Blue Hill Av

1902 } Fletcher, Robert Swan....Oxford. Charlton St.
1909 }
1893 Fletcher, Robert Whitney..South Boston (Boston). 783 Broadway.
1905 Flett, Penelope McNaughton Framingham. Box 99.
1882 Flood, Everett.....Palmer. Monson State Hospital.
1910 Flournoy, Thomas.....Pittsfield. 742 North St.
1905 Floyd, Cleaveland.....Boston. 246 Marlboro' St.
1893 Flynn, John Joseph.....Pittsfield. 183 North St.
1902 Flynn, John Joseph.....Worcester. 10 Grand St.
1916 Fobes, Howard Edward...Whitman. 324 Auburn St.
1883 Fogerty, William Clemmons. Worcester. 98 Chandler St.
1880 Fogg, Irving Sylvester.....Norwood. 767 Washington St.
1913 Foley, Thomas Brinsley....Boston. 85 Westland Av.
1894 Foley, Timothy John.....Worcester. 28 Portland St.
1910 Forbes, Alexander.....Milton. Harland St.
1917 Foot, Nathan Chandler....Milton. Canton Av.
1883 Ford, John Francis.....Roslindale (Boston). 8 Walter St.
1915 Forhan, Neil Kittredge....North Billerica (Billerica).
1914 Forster, John Ferguson Cooke Holyoke. 277 Suffolk St.
1901 Forster, Robert William...Lawrence. 279 Broadway.
1895 Fosgate, Elmer Gilman....Ashburnham.
1914 Foss, George Herbert.....Springfield. 530 Summer St.
1909 Foss, Ralph Emery.....Peabody. 97 Main St.
1916 Foster, Arthur Neville....Dorchester (Boston). 740 Adams St.
1884 Foster, Charles Chauncy...Cambridge. 8 Elmwood Av.
1904 Foster, Ellis Edwin.....New Bedford. 271 Union St.
1883 Foster, Horace Kendall....Peabody. 2 Park St.
1907 Fowler, John Richard.....Spencer. 143 Main St.
1911 Fox, Michael Bernard.....Worcester. 6 Coral St.
1887 Fox, William Yale.....Taunton. 26 Second St.
1915 Fraim, Irving William....Waltham. 860 Main St.
1894 Frame, Joseph.....Rockland. 39 Webster St.
1891 Francis, Carleton Shurtleff. Brookline. 26 Davis Av.
1887 Francis, George Hills.....Brookline. 295 Walnut St.
1911 Frank, Morris.....Roxbury (Boston). 106 Humboldt Av.
1917 Frankel, David Israel.....Boston. Mass. Hom. Hosp.
1902 Franz, Adolph.....Holyoke. 266 Maple St.
1911 Fraser, Archibald McKay..Boston. 69 Newbury St.
1880 Fraser, John Chisholm.....East Weymouth. (Weymouth).
1915 Fraser, Somers.....Boston. 514 Commonwealth Av.
1913 Fraser, William Leslie.....Lynn. 812 Summer St.
1915 Frasier, Joseph Anthony...New Bedford. 265 Main St.
1911 Frawley, William Thomas..Pittsfield. 184 North St.
1905 Freedman, Louis Mark....Brookline. Office, Boston. 419 Boylston St.
1894 Freeman, Franklin Willard..Lynnfield. P. O. Wakefield, R. F. D.
1916 Fregau, Aime Napoleon...Fitchburg. 44 Prichard St.
1900 French, Charles Ephraim..Lowell. 9 Central St.
1887 French, Charles Lindol....Clinton. 271 High St.
1893 French, George Henry.....Winthrop. 300 Pleasant St.
1892 French, John Marshall.....Milford. 2 South Main St.
1911 French, Ralph Winward....Fall River. 151 Rock St.
1914 Friedman, Benjamin.....Boston. 35 Allen St.
1916 Friedman, Eli.....Boston. 745 Mass. Av.
1901 Friedman, Leo Victor.....Newton Center. Office, Boston. 425 Marlboro' St.
1910 Friedman, Nathan.....Boston. 1088 Washington St.
1897 Frost, Edward Clayton....Campello (Brockton). 68 Chestnut St.
1906 Frothingham, Channing, Jr..Boston. 395 Marlboro' St.
1887 Frye, Edmund Bailey.....Boston. 21 Chestnut St.
1909 Fuller, Andrew Howard....Cushman (Amherst).
1903 Fuller, Charles Benjamin..Waltham. 826 Main St.
1890 Fuller, Daniel Hunt.....Philadelphia, Pa. 49th and Market Sts.
1907 Fuller, Ernest Page.....Lawrence. 301 Essex St.
1894 Fuller, Frederick Henry....Walpole.
1892 Fuller, James Robert.....Andover. 68 Central St.
1915 Fuller, Solomon Carter....Westborough. State Hosp.
1898 Fullerton, Walter Wilson..Brockton. 106 Main St.
1911 Funnell, Wilfred Goldwin..Wollaston (Quincy). Office, Boston. 156 Huntington Av.

G

1905 Gabler, George Lewis.....Holyoke. 149 Chestnut St.
1917 Gaetani, Arthur Leonard..Dorchester (Boston). 23 East St.
1905 Gafney, Harry Dabol.....Ware. 45 Main St.
1909 Gage, Arthur Tenney.....Melrose Highl'ds (Melrose). 250 Franklin St.
1906 Gage, Fred Leon.....Lowell. 9 Central St.
1886 Gage, Homer.....Worcester. 72 Pearl St.
1884 Gage, James Arthur.....Lowell. 64 Central St.
1907 Gahan, Patrick Francis....Medford. 19 Washington St.
1891 Gale, George Washington...East Saugus (Saugus). †1904 68 Lincoln Av.
1901 Gale, Harold Adams.....Winchester. Office, Boston. 111 Newbury St.
1906 Gallagher, John Henry Connaughton Chicopee. 105 Center St.
1912 Gallagher, Nicholas Ambrose Malden. 221 Highland Av.
1907 Gallagher, Thomas Morton.Newton. 34 Channing St.
1906 Galligan, Edward Joseph...Taunton. 10 North Pleasant St.
1882 Galligan, Eugene Thomas..Roxbury (Boston). 84 Warren St.
1888 Gallison, Ambrose John....Franklin. 259 Dean Av.
1910 Gallison, James Murry.....Boston. 49 Hereford St.
1893 Gallivan, William Joseph..South Boston (Boston). 743 Broadway.
1883 Galloupe, Charles William.Boston. 188 Commonwealth Av.
1904 Galvin, Augustus Hughes..Springfield. 4 Chestnut St.
1901 Galvin, William.....Blackinton (Williamstown).
1887 Gannett, William Whitworth Boston. 274 Marlboro' St.
1917 Garrick, Nathan Henry...Cambridge. 11 Story St.
1917 Garrett, Frank Steele.....Chelsea. 242 Washington Av.
1903 Gardner, Archibald Robert .Lowell. 64 Central St.
1881 Gardner, Clarence Rhodolphus †1916 Northampton. 78 Main St.
1912 Gardner, Edwin Daniels...New Bedford. 7 North Orchard St.
1900 Gardner, Harrie Milton....Cambridge. 128 Magazine St.
1917 Garbelnick, David Abraham Boston. Mass. Hom. Hosp.
1913 Garipay, Ellsworth Peter..Lynn. 147 Franklin St.
1875 Garland, Albert Stone †1908 Gloucester. 18 Pleasant St.
1916 Garland, Frederick Eugene Wellesley Hills (Wellesley). Office, Boston. 483 Beacon St.
1874 Garland, George Minot.....Boston. 227 Newbury St.
1905 Garland, Roy.....Gloucester. 17 Pleasant St.
1895 Gates, Ernest A.....Springfield. 49 North Main St.
1899 Gavin, John Harrison.....Roxbury (Boston). 346 Dudley St.
1905 Gay, Clarence Bertram....Fitchburg. 47 Day St.
1903 Gay, Fritz Walter.....Malden. 105 Salem St.
1868 Gay, George Washington...Chestnut Hill (Newton). Office, Boston. 665 Boylston St.
1917 Gay, William Madison....Sharon. Summit Av.
1914 Gaylord, James Frederick..Springfield. 789 State St.
1902 Généreux, Joseph Olivier...Webster. 18 Main St.
1916 Gennert, Jacob.....New Bedford. 1105 Acushnet Av.
1907 George, Arial Wellington..Boston. 43 Bay State Rd.
1897 George, Arthur Phillips....Haverhill. 143 Main St.
1908 George, Frank William....Worcester. 6 High St.

1908 George, Leslie Handlin.....Bradford (Haverhill). 70 Main St.
1911 Gerber, Isaac.....Providence, R. I. 347 Thayer St.
1901 Germain, Harry Homer....Boston. 43 Bay State Rd.
1882 Gerould, Joseph Bowditch..North Attleborough. 34 High St.
1896 } Gerstein, Maurice..... { Roxbury (Boston).
1913 } { 493 Warren St.
1915 Gervais, Harriet Marion...Brooklyn, N. Y. 191 Ryerson St.
1885 Getchell, Albert Colby.....Worcester. 6 Linden St.
1912 Ghoreyeb, Albert Alphonso In France.
1883 Gibbs, Locero Jackson.....Chicopee Falls (Chicopee). †1915 33 Broadway
1917 Gibby, Harold James.....Worcester. 13 Elm St.
1907 Giblin, Francis Joseph.....Dorchester (Boston). 33 Adams St.
1909 Giddings, Harold Girard...Allston (Boston). Office, Boston. 90 Exeter St.
1869 Gifford, Benjamin Dods Chatham. Cross St. †1913
1886 Gifford, John Henry.....Fall River. 320 Rock St.
1908 Giguere, Alfred Joseph....Lowell. 777 Merrimack St.
1887 Gilbert, John.....Fall River. 254 Locust St. †1916
1898 Gilbert, Louis Whitmore...Brookline. 1470 Beacon St.
1915 Gilchrist, John Milton.....Springfield. 52 High St.
1906 Gile, Frank Herbert, Jr....Braintree. 420 Washington St.
1892 Gile, John Morton.....Hanover, N. H. 1 Maynard St.
1914 Gilfillan, Donald Robert...Worcester. State Hospital.
1905 Gillis, John Ewen.....West Somerville (Somerville). 1109 Broadway.
1906 Gilman, Charles Sleeper...Boston. 833 Beacon St.
1900 Gilman, Florence.....Northampton. 33 Elm St.
1887 Gilman, Warren Randall...Worcester. 10 Oxford St.
1906 Gilpatrick, Roy Hawkes....Boston. 1069 Boylston St.
1878 Ginn, David Richard.....Dennisport (Dennis).
1917 Ginsburgh, Nathan Harry.Brockton. Brockton Hosp.
1906 Giroux, Charles.....Three Rivers (Palmer).
1906 Glass, James.....Framingham. 61 Concord St.
1896 Glendenning, Robert Thompson Manchester. 8 Church St.
1915 Glidden, Edson William, Jr. Lakeville. State Sanatorium.
1912 Glunts, David.....Roxbury (Boston). 165 Harold St.
1898 Goddard, Henry Edward...Brockton. 21 Goddard Rd.
1906 Goddard, Samuel Warren..Brockton. 21 Goddard Rd.
1905 Goddu, Louis Adalore Oliver Boston. 510 Commonwealth Av.
1914 Godfrey, Henry White.....Auburndale (Newton). 14 Hancock St.
1901 Godfrey, Joseph Witter....Swampscott. Office, Lynn. 209 Union St.
1904 Godfrey, Thomas Francis..Springfield. 104 Union St.
1900 Golden, Lazarus.....Boston. 99 Green St.
1906 Goldsbury, Paul Williams..Warwick.
1888 Goldthwait, Joel Ernest....Boston. 372 Marlboro' St.
1916 Golob, Meyer.....Chelsea. 270 Chestnut St.
1916 Golub, Jacob Joshua.....Dorchester (Boston). 857 Blue Hill Av.
1906 Good, Frederick Leo.....Brookline. Office, Boston. 95 Newbury St.
1892 Goodale, Joseph Lincoln...Boston. 258 Beacon St.
1904 Goodall, Harry Winfred...Boston. 205 Beacon St.
1881 Goodell, George Zina.....Salem. 5 Williams St.
1906 Goodell, William.....Springfield. 6 Chestnut St.
1890 Goodman, Samuel.....Roxbury (Boston). 148 Townsend St.
1902 Goodridge, Frederick James Cambridge. 5 Appian Way
1892 Goodwin, James Joseph....Clinton. 202 Church St.
1861 } Goodwin, Richard James { Malden.
1885 } Plummer †1903 { 481 Pleasant St.
1871 Gordon, John Alexander...Quincy. 1200 Hancock St.
1917 Gordon, Samuel Finley...Dorchester (Boston). State Hospital.
1896 Gordon, Stephen Masury...Fall River. 318 Prospect St.
1905 } Gorham, George Hartley { West Roxbury (Boston).
1910 } { 81 Corey St.
1915 Gosline, Harold Inman.....Trenton, N. J. State Hospital.
1896 Goss, Arthur Vincent.....Taunton. State Hospital.
1869 Goss, Francis Webster.....Sacramento, Calif. 1014 40th. St.
1916 Gould, Carlisle Royal.....Salem. 208 Lafayette St.
1907 Gould, Chester Harlow....Braintree. 400 Washington St.
1888 Gould, Clarke Storer.....Norwood. 486 Washington St.
1899 Grady, Patrick Anthony Salmon Clinton. 104 School St.
1913 Grady, Thomas Francis....Lynn. 540 Summer St.
1915 Grady, Thomas Henry.....Clinton. 76 Walnut St.
1873 Graham, Douglas.....Brookline. Office, Boston. Hotel Brunswick
1911 Grainger, Edward John....Winthrop. 304 Winthrop St.
1882 Grainger, William Henry..East Boston (Boston). †1916 619 Bennington St.
1901 Grandison, Wilfred George. Charlestown (Boston). 65 High St.
1903 Granger, Frank Butler.....Boston. 591 Beacon St.
1882 Granger, Frank Clark.....Randolph.
1893 Granger, Karle Henry.....South Weymouth (Weymouth).
1895 Grant, James Henry.....Lynn. 148 South Common St.
1896 Grant, William Herbert....Boston. 543 Boylston St.
1904 Grant, William Victor.....Lawrence. 253 Essex St.
1916 Grant, Winifred Margaret. Worcester. Memorial Hospital.
1905 Graves, Benjamin Augustus Dorchester (Boston). 178 Bowdoin St.
1904 Graves, Robert John.....Concord, N. H. 3 North State St.
1901 Graves, William Phillips...Boston. 244 Marlboro' St.
1901 Gray, Alice Maud.....Roxbury (Boston). 2 St. James St.
1896 Gray, Elizabeth Taylor....Roxbury (Boston). 2 St. James St.
1891 Gray, George Henry.....Lynn. 11 Lynn Shore Drive.
1915 Gray, Horace.....Boston. 290 Commonwealth Ave.
1903 } Gray, Hugh Barr.....Boston. 41 Waltham St.
1906 }
1916 Greany, William Francis..Holyoke. 71 Lincoln St.
1914 Greeley, Hugh Payne.....Waukesha, Wis.
1877 Green, Charles Montraville.Boston. 78 Marlboro' St.
1868 Green, John Orne †1912 Boston. 267 Newbury St.
1917 Green, Milo Chester.....Boston. Mass. Hom. Hosp.
1906 Green, Robert Montraville..Boston. 496 Commonwealth Ave.
1855 Green, Samuel Abbott Boston. 1154 Boylston St. †1901
1901 Greene, Daniel Crosby, Jr.. (Boston). 483 Beacon St.
1915 Greene, Edward Chace....Northampton. State Hospital.
1887 Greene, Edward Miller.....Boston. 45 Chestnut St.
1915 Greene, Jeremiah AugustineCambridge. 2226 Mass. Av.
1904 Greene, Ransom Alphonso..Palmer. Monson State Hospital.
1887 Greene, Ray Woodville.....Worcester. 21 West St.
1895 Greene, Thomas Francis...Roxbury (Boston). 322 Warren St.
1896 Greene, William Henry....Roxbury (Boston). 322 Warren St.
1871 Greenleaf, John Ruggles Gardner. 42 Chestnut St. †1908
1900 Greenough, Clara Mary....Greenfield. 17½ Federal St.
1898 Greenough, Robert Battey..Brookline. Office, Boston. 8 Marlboro' St.
1888 Greenwood, Allen.....Wellesley Hills. Office, Boston. 101 Newbury St.

1905 Greenwood, Arthur Moses..Marblehead. 69 Pleasant St.
1881 Greenwood, Sewell Elliot..Templeton.
1907 Gregg, Donald.....Wellesley. 113 Wellesley Av.
1884 Griffin, Arthur George.....Malden. 195 Pleasant St.
1903 Griffin, Walter Alden.....Sharon.
1904 Grimes, Loring.....Swampscott. 129 Burrill St.
1896 Griswold, Merton Lyman...Uxbridge. South Main St.
1915 Grocshinsky, Herman.....New Bedford. 54 Russell St.
1916 Grogan, Margaret VictorineBoston. 175 Dartmouth St.
1893 Grouard, John Shackford..Nantucket.
1904 Grover, Arthur Leon.....Iowa City, Iowa. College of Medicine.
1914 Grover, Joseph Isaac.....Mattapan (Boston). Office, Boston. 272 Newbury St.
1883 Gruver, Samuel James.. .Brockton. 106 Main St. †1917
1912 Guild, Bruno Thurber.....Shelburne Falls (Shelburne).
1887 Guild, Edgar Hunt.....Springfield. 137½ State St.
1910 Guild, Edward Frank.....Chelsea. 9 Crescent Av.
1909 Guild, Frederick Washburn.Grafton. South St.
1896 Guild, Thomas Ezra.....Mattapan (Boston). 1550 Blue Hill Av.
1916 Gunning, Thomas Francis.Fall River. 238 No. Main St.
1914 Gunter, Fred Clarke.....Somerville. Office, Boston. 483 Beacon St.
1913 Guthrie, Andrew Doherty..Medford. 407 Salem St.
1917 Guy, Walter Bryant.....Roxbury (Boston). 277 Warren St.
1914 Gwinnell, Alfred Weston...Brighton (Boston). 558 Washington St.
1914 Gwynne, Samuel Carlton...Worcester. 346 Grafton St.

H

1911 Hagerty, Joseph James....Norwood. 699 Washington St.
1911 Hagopian, Levon George...Lynn. 26 South Common St.
1885 Hahn, Albert Johann.....Pattenburg, N. J.
1911 Haigh, Gilbert William....Worcester. 297 Pleasant St.
1900 Haines, Ignatius.....Brookline. Office, Boston. 178 Devonshire St. Room 615.
1914 Haley, William Thomas....Marblehead. Office, Boston. 156 Huntington Av.
1915 Hall, Charles Francis Adams Newburyport. 210 High St.
1911 Hall, Gardner Wells.....Boston. 475 Beacon St.
1877 Hall, Harry Porter.....Leominster. 70 West St.
1896 Hall, Herbert James.....Marblehead. Devereux Mansion.
1903 Hall, John Baptiste, Jr....Roxbury (Boston). 60 Windsor St.
1902 Hall, Walter Davis.....Port Clyde, Me.
1885 Hall, William Dudley.....Boston. 416 Marlboro' St.
1897 Hallett, Edward Bangs....Gloucester. 63 Middle St.
1906 Halligan, Edward Maurice.Reading. 18 Salem St.
1910 Hallisey, Joseph Edward...Dorchester (Boston). 467 Columbia Road.
1881 Halloran, Michael Joseph...Worcester. 42 Green St.
1890 Halpin, Andrew James.....Lowell. 22 Central St.
1906 Halsall, Mary Elizabeth...Winthrop. 587 Pleasant St.
1916 Halton, Edward Peter.....Springfield. 387 Main St.
1912 Hamblen, Edward Everett.Bedford.
1912 Hamblen, Howard.....Maynard. Walnut St.
1914 Hamblet, Mary Lucia.....Wallum, R. I.
1908 Hamilton, Albert John Adams Boston. 69 Newbury St.
1899 Hamilton, Annie Lee.....Boston. 141 Newbury St.
1912 Hamilton, Burton Everett..West Roxbury (Boston) 152 Park St.
1905 Hamilton, Robert DeLancey Newburyport. 220 High St.
1906 Hammond, Charles.....Hanover. Washington St.
1893 Hammond, Philip.....Winchester. Office, Boston. 483 Beacon St.
1899 Hammond, William John...Dorchester (Boston). 405 Washington St.
1875 Hammond, William Penn..Charlestown (Boston). 47 Monument Sq.
1914 Hampson, Nishan M.,..... Rutland. State Sanatorium.
1916 Hand, Edward Patrick Holyoke. 115 Suffolk St.
1911 Handy, Harrie Delmar.....Harwich. 18 Parallel St.
1899 Handy, Harry Tucker.....Scituate Center.
1895 Hanley, Francis Joseph....Whitman. 21 Whitman Av.
1895 / 1911 Hanley, John Joseph....{ Motherwell, Scotland. 56 Brandon St.
1914 Hanscom, Ridgely Fernald Newton Center (Newton). 59 Dalton Road.
1901 Hanson, Justus Greeley....Northampton. 219 Elm St.
1905 Hanson, William Clinton.. Belmont. 395 Belmont St.
1917 Hanson, William Greene..Everett. 27 Norwood St.
1907 Hanson, William Thomas..Tewksbury. State Infirmary.
1901 Hapgood, Lyman Sawin....Cambridge. 6 Garden St.
1890 Harding, George Franklin..Boston. 419 Boylston St.
1912 Hardwick, Everett Vinton.Dorchester (Boston). 43 Algonquin St.
1906 Hardwick, Sydney Curtis..Quincy. 159 Elm St.
1888 Hare, Charles Henry.....Boston. 483 Beacon St.
1901 Harkins, John Francis.....Worcester. 18 Franklin St.
1915 Harkins, William Joseph, Jr.Quincy. 108 Goff St.
1890 Harlow, Corydon Webster..Melrose Highl'ds (Melrose). 300 Franklin St.
1908 Harmer, Torr Wagner.....Boston. 496 Commonwealth Av.
1901 Harriman, Charles Henry..Whitinsville (Northbridge). Church St.
1903 Harriman, Cora Elizabeth..Framingham. 15 High St.
1902 Harriman, David Eugene..Springfield. 21 Besse Pl.
1903 Harriman, Perley.....Lynn. 290 Summer St.
1907 Harrington, Clifton Ward..Everett. 545 Broadway.
1912 Harrington, Daniel James..Dorchester (Boston). 975 Dorchester Av.
1884 Harrington, Harriet Louise. Dorchester (Boston). 20 Monadnock St.
1903 Harrington, Michael William Indian Orchard (Springfield). Oak St.
1889 Harrington, Thomas Francis Boston. 310 Commonwealth Av.
1895 Harris, Arthur Eugene.....Lynn. 17 Chestnut St.
1898 Harris, Charles Edward....Hyannis (Barnstable). Main St.
1915 Harris, Lorne Wilborne....Cliftondale (Saugus). 257 Lincoln Av.
1900 Harris, William DeBlois...Lynn. 96 South Common St.
1908 Harrison, Columbus William Boston. 35 Common St.
1906 Harrison, Henry.....Boston. 153 Huntington Av.
1884 Harrower, David..... Worcester. 13 Elm St.
1896 Hart, George Fred.....Webster. 17 Church St.
1900 Hart, Henry Brown.....Yarmouthport (Yarmouth).
1901 Hart, Joseph Storer.....South Lincoln (Lincoln).
1900 Hartman, Gustave.....Lynn. 177 North Common St.
1906 Hartnett, Edward Daniel...East Boston (Boston). 256 Bennington St.
1917 Hartnett, Edward Henry Lewis Dorchester (Boston). 327 Geneva Av.
1911 Hartnett, John Henry..... Worcester. 9 Elm St.
1898 Hartung, Harry Hall.....Boston. 224 Huntington Av.
1901 Hartwell, Arthur Spear....Norwood. 90 Winter St.
1902 Hartwell, Harry Fairbanks.Boston. Mass. Gen. Hospital.
1905 Hartwell, John Bryant.... Colorado Springs, Colo. 1121 North Tejon St.
1901 Hartwell, William Winn...Malden. 61 Washington St.
1898 Harvey, William Wirt.....Boston. 114 Fenway.
1893 Haskell, Henry Hill.....Auburndale (Newton). Office, Boston. 29 Commonwealth Av.
1891 Haskell, Nelson Cary.....Amherst. 50 Main St.
1914 Haskins, Frank Eugene....Boston. 204 Huntington Av.

1881 Haskins, Solomon Foot....Cotuit (Barnstable). Ocean View Av.
1913 Haslam, Frank Alden.....Allston (Boston). 1379 Commonwealth Av.
1893 Hassett, John Joseph.....Lee. Main St.
1911 Hassett, Leonard Watson..Lynn. 586 Western Av.
1916 Hassman, David Morris...Roxbury (Boston). 300 Longwood Av.
1882 Hastings, Judson Worthington Feeding Hills (Agawam).
1894 Hastings, Robert Worthington Brookline. 45 Kilsyth Rd.
1907 Hatch, Ralph Augustus ...Brookline. Office, Boston. 390 Commonwealth Av.
1887 Hatchett, William Josephus.Somerville. 28 Arlington St.
1899 Hathaway, John Gael.....New Bedford. 388 County St.
1904 Haviland, Walter Childs...Worcester. 11 Elm St.
1900 Hawes, Alfred Taylor.....Lynn. 85 North Common St.
1887 Hawes, Edward Everett....Barnstable. Office, Hyannis. Railroad Av.
1903 Hawes, John Bromham, 2nd.Boston. 29 Gloucester St.
1908 Hawkins, Henry.....Dorchester (Boston). Office, Boston. 394 Marlboro St.
1898 Hayes, Albert Edwin.....Providence, R. I. 128 Broad St.
1867 Hayes, Charles Cogswell †1890 Faribault, Minn. Brunswick Hotel.
1899 Hayes, Frederick Legro....Brookline. 12 Verndale St.
1905 Hayes, Justin Edward.....Northampton. 277 Main St.
1886 } Hayes, Justin Gideon.....Williamsburg. Main St.
1893 }
1870 Hayes, Stephen William...New Bedford. 61 Orchard St.
1914 Hayes, William Francis....Beverly. 377 Cabot St.
1917 Haywood, Ralph Winson..Salem, 51 Columbus Av.
1869 Hazleton, Isaac Hills †1906 Wellesley Hills (Wellesley).
1900 Heald, Charles Gerry.....Pepperell. Main St.
1901 Healy, Daniel Laurence....Framingham. 54 Concord St.
1899 Healy, Thomas Raymond...Newburyport. 12 Charter St.
1917 Healy, William .....Boston. 40 Court St.
1915 Hearn, Walter Lawrence...Lynn. 293 Euclid Av.
1883 Heath, Joseph Webster....Wakefield. 8 Avon St.
1900 Heaton, Thomas Henry....Cambridge. 315 Broadway.
1874 } Hebbard, Ellery Cola..... Boston. 122 Huntington Av.
1894 }
1905 Hedin, Carl Johan.....West Pownal, Me. Maine School for Feeble-Minded.
1906 Heffernan, David Aloysius. Allston (Boston). 69 Newbury St.
1911 Hegerty, Joseph Gordon....Boston. 514 Commonwealth Av.
1917 Heininger, Arthur Gustav.Gardner. 66 Parker St.
1912 Hemeon, Frederick Chipman Dorchester (Boston). 9 Standish St.
1907 Henderson, Charles Russell. Reading. 74 Woburn St.
1911 Henderson, Francis Freeman Boston. 39 Newbury St.
1902 Henderson, George Dallas..Holyoke. 276 Maple St.
1912 Hendricks, Henning Vitalis..Traverse City, Mich. State Hospital.
1910 Hennelly, Thomas Patrick..Pittsfield. 184 North St.
1912 Hennessey, Thomas Francis.Lynn. 22 Mall St.
1909 Hennessey, William Warren Salem. 333 Essex St.
1885 Henry, John Goodrich.....Winchendon. 15 Pleasant St.
1910 Hepburn, James Joseph....Boston. 536 Commonwealth Av.
1917 Herbert, Edward .....Fall River. 140 Purchase St.
1911 Hermann, Otto John.....Roxbury (Boston). Office, Boston. 522 Commonwealth Av.
1885 Herrick, Joseph Thomas...Springfield. 684 State St.
1915 Hersam, Norman Paul.....Stoneham. 20 Hersam St.
1880 Hersey, Freeman Clarke †1914 Boston. 499 Beacon St.
1911 Hersey, Harold Waters....Winchester. Office, Boston. Mass. Gen. Hosp.
1896 Hewes, Henry Fox.....Boston. 416 Marlboro' St.
1882 Hewins, Parke Woodbury..Wellesley Hills. Office, Boston. 20 Beacon St.
1897 Hewitt, Clarence Elbert....Springfield. 796 State St.
1902 Hewitt, William Oakes.....Attleborough. 34 Sanford St.
1911 Heydemann, Martin.....Brookline. Office, Boston. 510 Commonwealth Av.
1903 Hickey, John Joseph.....Peabody. 40 Main St.
1906 Hicks, George Henry.....Fall River 1973 South Main St.
1908 Higginbotham, Fred Augustus Watertown. 98 Mt. Auburn St.
1893 Higgins, Frank Albert.....Boston. 384 Commonwealth Av.
1914 Higgins, George Vincent...Randolph, Warren St.
1894 Higgins, James Haydyn...Marstons Mills (Barnstable).
1868 Hildreth, John Lewis †1909..Winchester. 55 Fletcher St.
1878 Hill, Edgar Dwight.....Plymouth. 27 Court St.
1917 Hill, Ernest Linwood.....Millis. Plain St.
1896 Hill, George Hillard. .....Worcester. 15 High St.
1904 Hill, George Jackson.....Beverly. 548 Cabot St.
1901 Hill, George Sumner.....Boston. 295 Beacon St.
1886 Hill, Ira Clark.....Springfield. 137½ State St.
1913 Hill, Lawrence Richardson.Concord, N. H. 48 Pleasant St.
1914 Hill, Lewis Webb.....Jamaica Plain (Boston). Office, Boston. 99 Commonwealth Av.
1904 Hill, T.(homas) Chittenden Boston. 384 Commonwealth Av.
1903 Hilliard, James Pearse.....Springfield. 354 Walnut St.
1916 Hilliard, William David...Northampton. 14 Center St.
1901 Hills, Charles Everett.....South Natick (Natick).
1895 } Hills, Frederick Lyman. { Bangor, Me.
1898 } { Eastern Maine Hospital.
1874 Hills, William Barker †1915 Brookline. Office, Boston. 19 Pearl St.
1914 Hilton, John Joseph Herron Lawrence. 336 Haverhill St.
1915 Hiltpold, Werner.....Easthampton. 1 Clark St.
1905 Hinchliffe, Frederick.....Cohasset. Main St.
1905 Hinchey, Richard.....Waltham. 17 Pine St.
1899 Hinckley, James William..Brookline. Office, Boston. 419 Boylston St.
1911 Hinds, Robert Watson.....Buffalo, N. Y. 492 Elmwood Av.
1913 Hinton, William Augustus. Canton. Dedham St.
1889 Hipkiss, George.....Allston (Boston). 184 Harvard Av.
1909 Hirsch, Henry Leon.....Springfield. 172 Main St.
1882 } Hitchcock, Edward.....Boston. 32 State House.
1911 }
1890 Hitchcock, Henry Russell..Plymouth. 36 Main St.
1895 Hitchcock, John Sawyer...Northampton. 160 Main St.
1900 Hixon, Edwin Colfax.....Brookline. Office, Boston. 419 Boylston St.
1913 Hoberman, Samuel.....Malden. 217 Bryant St.
1907 Hoch, Theodore Augustus..Waverley (Belmont). McLean Hospital.
1882 Hodgdon, Andrew Hall....Dedham. 110 Maple Pl.
1917 Hodgdon, Frank Welling- ton, Jr. Boston. City Hospital.
1903 Hodgdon, Ralph Franklin..Somerville. 16 Westwood Road.
1894 Hodges, Almon Danforth...Roxbury (Boston). The Warren.
1916 Hodgkins, Edward Marshall Boston. 24 McLean St.
1902 Hodskins, Morgan Brewster Palmer. Monson State Hospital.
1898 Hogan, Joseph Ambrose....Lawrence. 537 Essex St.
1893 Hogner, Richard Per Gustaf Boston. 365 Mass. Av.
1907 Holt, Henry Ambrose.....Pasadena, Calif. 1110 No. Michigan Av.
1906 Holtt, Charles Lewis.....Lynn. 83 Franklin St.
1883 Hoitt, Eugene Gorham.....Belmont. 98 Payson Road.

1902 Holbrook, Bradbury.....Waltham. 802 Main St.
1910 Holbrook, Charles Albert...Haverhill. 50 Merrimack St.
1882 Holden, Charles Sumner....Attleborough. 24 South Main St.
1889 Holden, Eugene Martin....New York, N. Y. 1 Madison Av.
1883 Holden, William Daniel....Haverhill. 74 Emerson St.
1897 Holland, Hubert Thomas...Jamaica Plain (Boston). 423 Center St.
1908 Hollings, Byam.....Boston. Mass. Gen. Hosp.
1903 Holmberg, Carl Lester.....Campello (Brockton). Magnus 1106 Main St.
1909 Holmes, Arthur Brewster..Kingston. Main St.
1913 Holmes, Daniel Henry.....Middleborough. 15 School St.
1897 Holmes, Edgar Miller.....Boston. 531 Beacon St.
1906 Holmes, George Winslow...Newton. Office, Boston. Mass. Gen. Hospital.
1900 Holmes, Harry Bigelow....Adams. 37 Park St.
1902 Holmes, Howard Fowler...Georgetown. 18 Pond St.
1910 Holmes, John Franklin.....Manchester, N. H. 951 Elm St.
1895 Holmes, May Salona.....Worcester. Belmont Hospital.
1907 Holt, Charles Herbert.....Pawtucket, R. I. Masonic Bldg.
1883 Holyoke, Frank.....Holyoke. 441 High St.
1914 Holzer, William Francis...Winchendon. 35 School St.
1916 Holzman, Joseph.....Roxbury (Boston). 1 Elm Hill Av.
1904 Homans, John.....Brookline. 559 Chestnut Hill Av.
1911 Honeij, James Albert.....New Haven, Conn. New Haven Hospital.
1897 Hood, Mary Gould Brookline. 73 Longwood Av. †1915
1900 Hopkins, Bertrand Hiram..Ayer. Washington St.
1895 Hopkins, Frederick Eugene.Springfield. 25 Harrison Av.
1912 Hopkins, John Wilson.....Washington, D. C. Washington Sanatorium.
1917 Hopkins, Ralph Harrison.Marion. 4 Cottage St.
1911 Hopkins, William Thorpe..Lynn. 7 Atlantic St.
1900 Hopkinson, George.....Cambridge. Office, Boston. 419 Boylston St.
1906 Horne, Lester Wallace.....Fairhaven. 32 Union St.
1914 Hornor, Albert Aurelius...Boston. 86 Bay State Rd.
1915 Horrax, Gilbert.....Roxbury (Boston). P. B. Brigham Hospital.
1914 Horsman, Hiram Lionel...Worcester. Grafton State Hosp.
1906 Hosley, Walter Alexis.....Springfield. 145 Clarendon St.
1885 Hough, Garry de Nerville..New Bedford. 542 County St.
1914 Houghton, Niedhard Hahnemann Boston. 220 Clarendon St.
1906 Houghton, Richard Henry..East Boston (Boston). 308 Sumner St.
1882 Houston, John Alexander..Northampton. State Hospital.
1908 Howard, Alonzo Gale.....Boston. 636 Beacon St.
1882 Howard, Amasa.....Chelmsford.
1911 Howard, Arthur Allison....Brookline. Office, Boston. 520 Commonwealth Av.
1917 Howard, Charles Tilden...Boston. 405 Marlboro' St.
1898 Howard, Eugene Henry....Pittsfield. 246 North St.
1901 Howard, Frederic Hollis...Williamstown. 50 Spring St.
1917 Howard, Harvey James...Boston. 233 Charles St.
1885 Howard, Herbert Burr.....Roxbury (Boston). Peter Bent Brigham Hospital.
1916 Howard, Herbert Handy...Boston. 24 Marlboro' St.
1899 Howard, Joseph Francis...Lawrence. 6 Avon St.
1885 Howard, Margaret Emily Pagelsen Roxbury (Boston). Peter Bent Brigham Hospital.
1904 Howe, Harry Newell.....Greenfield. 4 Bank Row.
1899 Howe, Joseph Dimock.....Pittsfield. 42 North St.
1876 Howe, Octavius Thorndike. Boston. 154 Beacon St.
1885 Howe, Oliver Hunt.....Cohasset. Main St.
1898 Howe, Walter Clarke.....Boston. 303 Beacon St.
1917 Howe, Winfred Lewis....Everett. 357 Broadway.
1900 Howell, William Wescott...West Roxbury. Office, Boston. 279 Clarendon St.
1912 Howes, Frank Miller.....New Bedford. 9 North Orchard St.
1917 Howes, Willard Boyden...Rutland. State Sanatorium.
1909 Howland, Charles Abel.....Washington, D. C. 1302 R. St. N. W.
1908 Howland, George Lewis....Jamaica Plain (Boston). 6 Beaufort Road.
1897 Howland, Joseph Briggs....Boston. Mass. Gen. Hosp.
1915 Hoyt, Edward Malcom....Georgetown. 38 Main St.
1911 Hoyt, Perley Adelbert.....Ludlow. North St.
1890 Hoyt, Walter Scott.....Waltham. 104 Crescent St.
1909 Hubbard, Edward Dana....Gloucester. 96 Middle St.
1883 Hubbard, Frank Allen.....Taunton. 157 High St.
1901 Hubbard, George William..Springfield. 327 State St.
1896 Hubbard, Joshua Clapp....Boston. 86 Bay State Rd.
1881 Hubbard, Josiah Clark.....Holyoke. 243 Maple St.
1894 Hubbard, Osmon Huntley..Gilsum, N. H.
1907 Hubbell, Adelbert Merton..Haverhill. 22 Merrimack St.
1895 } Hudnut, Frank Parker.. { New Bedford.
1914 } { 156 William St.
1911 Hudnut, Paul Albert.....Northampton. 65 New South St.
1917 Hudson, Charles Bibb.....East Boston (Boston). Relief Station
1916 Hughes, Edgar Hamill....Northampton. 277 Main St.
1917 Hughes, George Frederick.Somerville. 143 Cross St.
1896 Hughes, Laura Ann Cleophas Boston. 98 Huntington Av.
1906 Hughes, Patrick James....Lawrence. 21 Brookfield St.
1916 Hunt, Albert Foster.....Bridgewater. 28 School St.
1905 Hunt, Alice Elizabeth Palmer Holyoke. 364 Maple St.
1897 Hunt, Daniel Lawrence....Boston. 293 Commonwealth Av.
1903 Hunt, Ernest Leroi.....Worcester. 771 Main St.
1902 Hunt, George Eddy.....Holyoke. 364 Maple St.
1902 Hunt, George Pratt.....Pittsfield. 34 Fenn St.
1911 Hunt, Harold Otis.....Newtonville (Newton). 424 Newtonville Av.
1915 Hunt, William Elliot.....Bridgewater. 120 Main St.
1878 Hunt, William Otis.....Newtonville (Newton) 424 Newtonville Av.
1904 Hunt, Wilson Eugene.....Malden. 88 Summer St.
1905 Hunter, Norman McLeod...Hudson. 20 Lincoln St.
1888 Hunting, Nathaniel Stevens.Quincy. 1136 Hancock St.
1908 Huntington, James Lincoln.Boston. 8 Gloucester St.
1876 Huntress, Leonard †1914 Lowell. 46 Fort Hill Av.
1900 Hurd, Albert Gordon.....Millbury.
1890 Hurd, Randolph Campbell..Newburyport. 224 High St.
1888 Hurley, Daniel Bartholomew East Boston (Boston). 42 Chelsea St.
1914 Hurley, Daniel Joseph.....Charlestown (Boston). 24 Monument Av.
1906 Hurley, Edward Daniel....South Boston (Boston). Office, Boston. 419 Boylston St.
1903 Hurley, John Joseph.....Boston. 541 Commonwealth Av.
1913 Hurley, Patrick Eugene....Holyoke. 109 Suffolk St.
1903 Hurwitz, Abraham Joseph..Brookline. Office, Boston. 107 Green St.
1905 Hussey, Edward John.....Holyoke. 276 High St.
1891 Hutchings, Joseph Henry..Woburn. 514 Main St.
1909 Hutchins, Henry Talbot....Boston. 522 Commonwealth Av.
1895 Hutchinson, Charles Martin.Cambridge, 5 Garden St.
1895 Hutchinson, Chessman Palmer Auburndale (Newton). 88 Central St.
1901 Hutchinson, Walter Perkins Abington.
1916 Hyde, Harold Valmore....Boston. 496 Commonwealth Av.
1917 Hyman, Clarence Henry...Boston. City Hospital.

I

1892 Ilsley, Frederick Roscoe...Medford. 69 Washington St
1909 Inglis, Harry James.....Brookline. Office, Boston. 483 Beacon St.
1917 Ingoldsby, Joseph Emmanuel Dorchester (Boston). 849 Blue Hill Av.
1883 } 1917 } Ingraham, Lena Vaughn Brookline. 38 Webster St.
1912 Ireson, Franklin Reynolds..Marblehead. 216 Pleasant St.
1912 Irving, Frederick Carpenter Boston. 86 Bay State Rd
1917 Irving, Harry Washington Boston. 194 Huntington Av.
1897 Irwin, Vincent Joseph.....Springfield. 351 Main St.

J

1887 Jack, Edwin Everett.....Boston. 215 Beacon St.
1886 Jack, Ernest Sanford.....Melrose. 56 West Emerson St.
1883 Jack, Frederick Lafayette..Boston. 215 Beacon St.
1901 Jack, Lewis Harlow.....West Newton (Newton). 68 Chestnut St.
1899 Jackson, Alexander Washington Southborough. Main St.
1897 Jackson, Alton Atwell.....Everett. 512 Broadway.
1892 Jackson, Charles William..Monson. Main St.
1911 Jackson, Delbert Linscott..Boston. 362 Commonwealth Av.
1885 Jackson, Fred William.....Jefferson, Me.
1884 Jackson, Henry.....Boston. 380 Marlboro' St.
1908 Jackson, Howard Bigelow..Melrose. 96 West Emerson St.
1891 Jackson, James Marsh.....Boston. 230 Beacon St.
1897 Jackson, Oliver Howard....Fall River. 34 North Main St.
1892 Jackson, Ralph Wentworth.Fall River. 257 Cherry St.
1915 Jackson, Roy Chase.....Harrisburg, Pa. State Hospital.
1880 Jackson, William Benjamin.Lowell. 329 High St.
1915 Jacoby, Rudolph.....Weymouth. 24 Commercial St.
1911 Jacques, Hector.....Fitchburg. 145 Water St.
1913 Jakmauh, Paul John.....South Boston (Boston). 509 Broadway.
1906 Janes, Arthur Percy.....Boston. 27 Hancock St.
1908 Janes, Benjamin Franklin, Jr. Northampton. 160 Main St.
1898 Janes, George Herbert.....Westfield. 5 Court St.
1913 Jantzen, Francis Thomas...Boston. 514 Commonwealth Av.
1880 Jaques, Henry Percy.....Lenox. "Home Farm."
1884 Jarvis, William Furness...Waltham. 326 Lexington St.
1890 Jelly, Arthur Carlton.....Boston. 10 Arlington St.
1883 Jenkins, Charles Edwin....Lynn. 10 Ireson St.
1905 Jennings, Curtis Herman...Fitchburg 201 Mechanic St.
1912 Jessaman, Leon Webster...Framingham. 30 Hollis St.
1915 Jewett, Everett Porter.....Providence, R. I. City Hospital.
1917 Jewett, Howard Wakefield Lowell. 9 Central St.
1887 Jillson, Franklin Campbell. West Roxbury (Boston). 11 Hastings St.
1913 Johnson, Alfred Emil, Jr...Greenfield. 39 Main St.
1915 Johnson, Charles Frederic. Newburyport. 45 Washington St.
1901 Johnson, David Joseph.....Roxbury (Boston). 1 Schuyler St.
1907 Johnson, Erik St. John...New Bedford. 271 Union St.
1884 Johnson, Francis Emerson. Erving.
1883 Johnson, Frank Mackie....Boston. 43 Tremont St.
1880 Johnson, Frederick William. Boston. 167 Newbury St.
1913 Johnson, Harold Abbott....Lynn. 70 Broad St.
1915 Johnson, Herbert Lester...Roxbury. Office, Boston. 510 Commonwealth Av.
1914 Johnson, Herbert Lewis....Hadley. Main St.
1908 Johnson, John Birger Albert Lowell. 10 East Merrimack St.
1894 Johnson, Mary Williamina Lougee Chestnut Hill (Newton). 158 Wolcott Road.
1894 Johnson, Orville Edson....Winthrop. 123 Winthrop St.
1903 Johnson, Peer Prescott....Beverly. 15 Washington St.
1914 Johnson, Sarah Coppinger Franconia, N. H.
1901 Johnson, Walter Sydney...Los Angeles, Cal. 1767 North Adams St.
1883 Johnson, William Augustus. Lowell. 145 Merrimack St.
1878 Johnson, William Louis....Uxbridge. Main St.
1908 Johnston, William.....Dorchester (Boston). 210 Norfolk St.
1902 } 1917 } Johnstone, William Joseph { Jamaica Plain. Office, Boston. 196 Huntington Av.
1890 Jones, Charles David.....Malden. Office, Boston. 137 Newbury St.
1897 Jones, Daniel Fiske.....Boston. 195 Beacon St.
1891 Jones, Elgin Wilbur.....Lynn. 44 Atlantic St.
1907 Jones, Everett.....Brookline. Office. Boston. 496 Commonwealth Av.
1897 Jones, Frederick Ellis.....Quincy. 1150 Hancock St.
1905 Jones, Frederick Elmer...Brookline, 48 Corey Rd.
1887 Jones, Gilbert Norris.....Wellesley Hills (Wellesley).
1897 Jones, John Clarke.....Brookline. 56 Hawes St.
1892 Jones, Lombard Carter.....Waquoit (Falmouth). 80 Humphrey St.
1892 Jones, Lyman Asa.....Swampscott.
1898 Jones, Mary Scott.....Boston. 82 St. Stephen St.
1903 Jones, Raymond Child.....Fitchburg. 4 Ashburnham St.
1911 Jones, Robert Le Roy.....Lowell. 219 Central St.
1905 Jones, Wellington West....Housatonic (Great Barrington). 41 Main St.
1893 Jones, William Marks.....Lowell. 145 Merrimack St.
1859 Jordan, Charles †1895 Wakefield. 9 Jordan Av.
1911 Jordan, Ernest Major.....Boston. 496 Commonwealth Av.
1873 Jordan, George Albert †1913 Worcester. 46 Myrtle St.
1905 Jordan, John Franklin.....Peabody. 76 Lynn St.
1894 Joslin, Elliott Proctor.....Boston. 81 Bay State Rd.
1911 Joslyn, Arthur Everett.....Lynn. 211 Western Av.
1901 Jouett, Fred Robert.....Cambridge. 3 Garden St.
1906 } 1912 } Joyce, Thomas Francis...Lawrence. 121 Marston St.
1914 Judd, Ernest Hart.....Springfield. 685 State St.
1912 Judkins, Charles Louville Mason Lynn. Office, Boston. 149 Newbury St.
1891 Judkins, Frank Louville...Lynn. 7 Mason St.
1915 Jurist, Charles.....Springfield. 1141 North St.

K

1890 Kaan, George Warton.....Brookline. Office, Boston. 419 Boylston St.
1917 Kable, Josephine Downie..Wrentham. Sch. Feeble-Minded.
1916 Kandib, Anna Hilda.....Hathorne (Danvers). State Hospital.
1917 Kane, William Vincent....Lynn. 11 Bay View Av.
1914 Kaplovitch, Henry.....Lawrence. Office, Haverhill. 50 Merrimack St.
1904 Katsainos, George Michel..Boston. 106 Huntington Av.
1889 Kean, Michael Edward....Manchester, N. H. 780 Elm St.
1903 Keaney, Henry Joseph.....Everett. 385 Broadway.
1901 Kearney, John Henry.....Fitchburg. 80 Wallace St.
1909 Kearney, Joseph Patrick...Lowell. 10 East Merrimack St.
1886 Keefe, Daniel Edward.....Springfield. 127 Main St.
1880 } 1902 } Keefe, Patrick Henry... { Providence, R. I. 257 Benefit St.
1889 Keegan, Charles Andrew...Arlington. 734 Mass. Av.
1906 } 1911 } Keeler, William Basil... { Roxbury (Boston). 470 Warren St.

1902 } Keenan, George Francis.. Boston. 520 Beacon St.
1914 }
1897 Keenan, Herbert John..... South Boston (Boston). 254 Broadway.
1916 Keenan, James Alphonsus. Boston. 745 Mass. Av.
1910 Keever, Henry Floyd..... Auburndale (Newton). 69 Maple St.
1904 Keith, Halbert Lynn..... Milford. 255 Main St.
1884 Keith, Wallace Cushing.... Brockton. 237 North Main St.
1892 Keleher, William Henry... Woburn. 48 Pleasant St.
1910 Kelleher, Jeremiah Edward. Haverhill. 170 Winter St.
1896 Kelleher, Patrick Francis.. Cambridge. 1713 Mass. Av.
1912 Kelley, Clarence Moore.... Westminster.
1914 Kelley, Edward Joseph.... Watertown. 218 Main St.
1917 Kelley, Eugene Robert.... Boston. State House.
1916 Kelley, Henry Joseph..... Dorchester (Boston). 109 Stoughton St.
1903 Kelley, Joseph Henry Hart Dorchester (Boston). The Peabody, Peabody Sq.
1914 Kelley, Lawrence Kendall.. Peabody. 39 Washington St.
1914 Kelley, Robert Edward Stack Mattapan (Boston). 249 River St.
1883 Kellogg, Edward Brinley... Boston. Office, 178 Devonshire St.
1912 Kellogg, Foster Standish... Boston. 96 Bay State Rd.
1892 } Kellogg, Frederic Leroy { Boston.
1899 } { 366 Commonwealth Av.
1908 Kelly, John Michael..... Dorchester (Boston). 182 Bowdoin St.
1893 Kelly, William P..... Pittsfield. 61 Union St.
1913 Kemp, Howard Martin..... Greenfield. 6 Franklin St.
1915 Kemp, Lysander Schaffer.. Canton. Mass. Hosp. Sch.
1895 } Kennard, Harry Delano... Peabody. 84 Main St.
1902 }
1877 Kennealy, John Henry..... Brookline. Office, Roxbury (Boston). 1570 Tremont St.
1898 Kennedy, Alexander Gladstone Boston. 1075 Boylston St.
1905 Kennedy, Edward Anthony. Great Barrington. 314 Main St.
1901 Kennelly, Julia Grice..... Cambridge. Kennedy Rd.
1913 Kenney, Clarence Bronson. Winchendon. 22 Walnut St.
1909 Kenney, Thomas Francis... Worcester. 9 High St.
1905 Kenney, Walter Clement... Winchendon. 22 Walnut St.
1909 Kennison, Frederick Marshman Newton, N. H. Main St.
1907 Kent, Bradford..... Dorchester (Boston). 798 Blue Hill Av.
1905 Kent, Ralph Porter..... Attleborough. 27 South Main St.
1914 Kenworthy, Marion Edwena Foxborough. State Hosp.
1883 Kenyon, Henry Jesse..... Worcester. 84 Pleasant St.
1900 Kepler, Charles Ober..... Boston. 362 Commonwealth Av.
1904 Kerr, Isabella Dickieson... Boston. 821 Beacon St.
1915 Kerrigan, John Joseph..... Fall River. 1427 North Main St.
1911 Kerrigan, Joseph Henry... Stoneham. 66 Central St.
1916 Kewer, Leo Thomas..... Belmont. 16 Hawthorn St.
1917 Khoury, Kamel ..... Boston. 79 Tyler St.
1909 Kickham, Charles Joseph... Brookline. Office, Boston. 536 Commonwealth Av.
1908 Kilbourn, Arthur Goss..... Groton. Main St.
1884 Kilburn, Henry Whitman.. Boston.
1913 Kilburn, Ira Nelson..... Holyoke. 180 Chestnut St.
1877 Kilby, Henry Sherman..... North Attleborough. 98 Church St.
1914 Killam, Franklin Harrison West Medford (Medford). 3 Brook St.
1914 Killelea, Edward Vincent.. Fitchburg. 5 Day St.
1890 Kilroy, Philip..... Springfield. 61 Chestnut St.
1905 Kimpton, Arthur Ronald... Boston. 66 Bay State Rd.
1909 King, Frederick Augustine. Boston. 1 Cumberland St.
1910 King, George Clifford..... Fall River. 57 Rock St.
1914 King, George Elbert..... Wollaston (Quincy). 71 Beach St.
1898 King, Myron Louis..... Cambridge. 788 Mass. Ave.
1888 King, Nathaniel Clark..... Campello (Brockton). 1147 South Main St.
1910 King, Nicholas James Quan Roslindale (Boston). 44 Ashland St.
1881 Kingman, Rufus Anderson. Brookline. 45 Windsor Rd.
1906 Kingsbury, Walter Warren. Malden. 11 High St.
1904 Kinloch, Raymond Alexander Springfield. 83 Walnut St.
1914 Kinne, George Lyman..... Holyoke. 285 Maple St.
1900 Kinney, William D'Arcy... Osterville (Barnstable).
1908 Kinnicutt, Roger..... Worcester. 56 Cedar St.
1904 Kirby, Holder Crary..... New Bedford. 33 South Sixth St.
1904 Kirby, James Richard..... Clinton. 181 Chestnut St.
1907 Kirkpatrick, George Holland Lynn. 192 South Common St.
1915 Kirkwood, Allan Stewart.. Newton Center (Newton). 1301 Center St.
1910 Kissock, Robert James..... Boston. 479 Beacon St.
1898 Kite, Walter Chester..... Milton. 17 Russell St.
1880 Kittredge, Joseph..... Brookline. 69 Cypress St.
1874 Kittredge, Thomas..... Salem. 13 Chestnut St.
1914 Kline, George Milton..... Beverly. Office, Boston. No. 36 State House.
1881 Knapp, Philip Coombs..... Boston. 535 Beacon St.
1899 Knight, Charles Eugene.... Rockland. 29 Church St.
1902 Knight, Charles Lewis..... West Roxbury (Boston). Office, Boston 544 Columbus Av.
1902 Knight, Charles Sumner... Westborough. 54 West Main St.
1896 Knight, Marcus Whitney... Milford. 8 West St.
1889 Knowles, James Harris.... Gloucester. 2½ Highland St.
1884 Knowles, William Fletcher. West Newton. Office, Boston. 220 Clarendon St.
1892 Knowlton, Charles Davison. Roxbury (Boston). 574 Warren St.
1910 Knowlton, Edward Allen... Holyoke. 227 Maple St.
1903 Knowlton, Wallace Miles.. Boston. 462 Boylston St.
1901 Knowlton, William Thomas. Hubbardston. Barre Rd.
1911 Knudson, Mette Marie..... West Roxbury (Boston). 78 Park St.
1894 Konikow, Moses Joseph.... Roxbury (Boston). 486 Warren St.
1916 Konrad, Frank Charles William Boston. 483 Beacon St.
1916 Koplin, Harry..... Springfield. 1293 North St.
1901 Kurth, Gustave Emil..... Lawrence. 86 East Haverhill St.

L

1917 Lacey, Walter Hamer..... Boston. Mass. Gen. Hosp.
1909 Lachance, Alfred Philias... Gardner. 142 Parker St.
1900 Ladd, Maynard..... Boston. 270 Clarendon St.
1907 Ladd, William Edwards... Boston. 346 Beacon St.
1906 Lahey, Francis Howard.... Boston. 638 Beacon St.
1899 Laighton, Florence Marion. New York, N. Y. 33 West 96th St.
1917 Laliberté, Elie Joseph..... Fall River. 1420 So. Main St.
1902 } Lally, Francis Henry..... Milford. 5 Park Terr.
1915 }
1914 Lally, William James..... Pittsfield. 184 North St.
1892 LaMarche, Walter Joseph.. Cambridge. 1038 Mass. Av.
1901 Lambert, Fred De Forest.. Tyngsborough.
1901 Lambert, John Henry..... Lowell. 202 Merrimack St.
1912 LaMoure, Charles Ten Eyck Mansfield Depot, Conn. State Tr. School and Hospital.
1894 Lamoureux, Joseph Elzear. Lowell. 710 Merrimack St.
1892 Lancaster, Sherman Russell Cambridge. 27 William St.
1891 Lancaster, Walter Brackett Brookline. Office, Boston. 522 Commonwealth Av.
1909 Lane, Clarence Guy..... Woburn. Office, Boston. 520 Commonwealth Av.
1914 Lane, Clayton Rogers..... Fitchburg. Burbank Hospital.
1884 Lane, Edward Binney..... Jamaica Plain (Boston). Office, Boston. 419 Boylston St.

1916 Lane, Elwin Dexter..... Andover. 9 Locke St.
1894 Lane, Francis Augustus....East Lynn (Lynn). 29 Lakeview Av.
1905 Lane, John William.....Dorchester (Boston). Office, Boston. 520 Beacon St.
1900 Lane, Walter Appleton....Milton. 173 School St.
1904 Lang, Herbert Bowman....South Hadley.
1896 Langlois, Joseph Augustus..Pittsfield. 54 Bradford St.
1907 Lanpher, Howard Arthur..Chester.
1915 LaRiviere, Athanase de Charette Evariste New Bedford. 1394 Acushnet Av.
1913 La Rochelle, Fred Désiré..Springfield. 508 Main St.
1915 Larrabee, Frank Walton...Brighton (Boston). 645 Washington St.
1905 Larrabee, Herbert Manson..Tewksbury. Main St.
1897 Larrabee, Ralph Clinton...Boston. 912 Beacon St.
1911 Laskey, Edward Philip....Haverhill. 90 Emerson St.
1899 Latham, Benoni Mowry....Mansfield. 10 North Main St.
1876 Lathrop, William Henry †1905 Lowell. 21 First St.
1910 Laton, George Peavey.....Salem Depot, N. H. Main St.
1898 Lavalée, George Omer.....Lowell. 790 Merrimack St.
1872 LaVigne, Alfred Willis †1913 Lowell. 173 Merrimack St.
1906 Law, Katharine Hayes.....Erie, Pa. 247 West 8th St.
1888 Lawler, William Patrick...Lowell. 53 Central St.
1914 Lawley, Brace Irving.....Arlington. 214 Mass. Av.
1907 Lawlor, Edward Francis..Lawrence. 6 Lowell St.
1916 Lawlor, James Francis....Beverly. 1 Knowlton St.
1916 Lawlor, John Charles.....South Boston (Boston). Carney Hospital
1906 Lawlor, Richard Henry....Methuen. 251 Broadway.
1911 Lawrence, Charles Henry, Jr. Brookline. Office, Boston. 522 Commonwealth Av.
1896 Lawrence, James Wilmot..Malden. 25 Washington St.
1897 Lawrence, Joseph Henry..Brockton. 23 Main St.
1917 Lawrence, Joseph Louis...Roxbury (Boston). 4 8 Weld Av.
1899 Lawrence, Nellie Louise...Louisville, Ky. 409 Fountain Court.
1873 Lawrence, Robert Means †1912 Boston. 177 Bay State Rd.
1916 Lazarus, Louis.....Worcester. 97 Grafton St.
1895 } Leach, Alfred Clinton..Orange.
1917 }
1894 Leach, Edward Mortimer..Rochdale (Leicester).
1893 Leach, Horace Morton†1911 Rochdale (Leicester).
1892 Leahey, George Aloysius..Lowell. 128 Merrimack St.
1895 Leard, John Samuel Hick..Jamaica Plain (Boston). 392 Arborway.
1887 Learned, William Turell...Fall River. 42 Franklin St.
1892 Learoyd, Charles Berry....Taunton. 2 Vine St.
1914 Leary, Alfred James.....Newton. Office, Boston. 19 Bay State Rd.
1905 Leary, Chrysostom John...New Bedford. 415 Pleasant St.
1901 Leary, Olga Cushing.....Jamaica Plain (Boston). 44 Burroughs St.
1913 Leary, Patrick Frank.....Turner's Falls (Montague) 20 Prospect St.
1906 Leary, Timothy.....Jamaica Plain (Boston). Office, Boston. 416 Huntington Av.
1897 Leary, William Charles...Springfield. 630 Main St.
1916 Leavitt, Frank Clyde.....Belmont. 87 Pine St.
1917 Leavitt, Mary Augusta....Medford. 12 Kilsyth Rd.
1914 Leavitt, Peirce Henry.....Brockton. 129 W. Elm St.
1865 Leavitt, William Whipple †1906 Pittsfield. 120 South St.
1909 LeBœuf, Alfred Thomas...Salem. 319 Lafayette St.
1916 Ledbury, John William....Uxbridge. No. Main St.
1910 Lee, Harry Jason.....Boston. 535 Beacon St.
1907 Lee, Roger Irving.....Cambridge. 51 Brattle St.
1914 Lee, Wesley Terence.....Brookline. Office, Boston. 220 Clarendon St.
1901 Leen, Thomas Francis.....Boston. 19 Bay State Rd.
1912 Leeper, Marion Eleanor....Northampton. 33 Elm St.
1900 Legg, Arthur Thornton.....Boston. 535 Beacon St.
1905 LeGro, Lester Burnside....Bradford. Office, Haverhill. 50 Merrimack St.
1916 Leith, Richard Bliss.....Lawrence. Lawrence Gen. Hospital.
1911 Leland, Forrest LeRoy.....South Hadley Falls (South Hadley). 44 Bardwell St.
1877 Leland, George Adams.....Boston. 354 Commonwealth Av.
1912 Leland, George Adams, Jr..Boston. 483 Beacon St.
1917 Leland, Harold Leander..Boston. 82 E. Concord St.
1903 Lemaire, Willard Wallace.Worcester. 458 West Boylston St.
1908 Lemaire, William Franklin.East Lynn (Lynn). 124 Chestnut St.
1913 Lemay, Alfred Mederic....Brockton. 7 Main St.
1906 Lemieux, Theodule Alfred.Lawrence. 356 Haverhill St.
1916 Leonard, Edward DeWitt..Newton Center (Newton). 661 Commonwealth Av.
1913 Leonard, Ralph Davis.....Melrose. Office, Boston. 43 Bay State Rd.
1915 Leonard, Zenas Lockwood..West Stockbridge. Office, Pittsfield. 100 North St.
1908 Leslie, Charles Thomas....Pittsfield. 86 North St.
1900 Leslie, Herbert Granville..Amesbury. 273 Main St.
1910 L'Esperance, Oscar Raoul Talon Boston. 100 Boylston St.
1908 Lesses, Max.....Salem. 62 Washington Sq.
1914 Levek, Joseph Arthur.....Lawrence. 32 Lawrence St.
1916 Levine, Harry Benjamin...Dorchester (Boston). 11 Wolcott St.
1915 Levine, Samuel Albert.....Roxbury (Boston). 7 Intervale St.
1904 Levins, Nathan Noah.....Boston. 30 Chambers St.
1894 Lewis, Arthur Cuthbert....Fall River. 1018 North Main St.
1906 Lewis, Elisha Sears.....Princeton. Wachusett St.
1913 Lewis, Frank Edward.....Nantucket.
1906 Lewis, James Prince.....Waltham. Office, Boston. 543 Boylston St.
1914 Lewis, Seth Ames.....Springfield. 45 North Main St.
1897 Libby, Edward Norton.....Roxbury (Boston). Office, Boston. 638 Beacon St.
1893 Libby, Jesse Herbert.....East Weymouth (Weymouth).
1899 Libby, Mary Gordon.....Newport, N. H.
1903 Libby, Mildred Augusta....Wrentham. State School.
1912 Liebman, William.....Brookline. Office, Boston. 1069 Boylston St.
1915 Limauro, Louis Herbert....Lynn. 17 Franklin St.
1912 Lincoln, George Chandler..Worcester. 2 Linden St.
1889 Lincoln, Jacob Read.....Millbury.
1903 Lincoln Merrick.....Worcester. 2 Linden St.
1903 Lindquist, Carl Augustus..Boston. 24 Westland Av.
1915 Lindsay, John Crandall....Worcester. State Hosp.
1897 Lindsay, Joseph Ira.....Worcester. 7 Oberlin St.
1913 Lindsay, Marie Strom.....Worcester. State Hospital.
1904 } Lindsey, John Hathaway. Fall River. 151 Rock St.
1914 }
1905 Linenthal, Harry.....Roxbury (Boston). Office, Boston. 45 Bay State Rd.
1886 Linfield, Edward Porter...Avon.
1884 Litchfield, William Harvey.Brookline. 1378 Beacon St.
1895 Little, Abby Noyes.....Newburyport. 22 Essex St.
1916 Little, George Thomas.....Uxbridge. Oak St.
1904 Little, John Mason, Jr.....Boston. 374 Marlboro' St.
1884 Little, William Brimblecom.Lynn. 13 Nahant St.
1898 } Littlefield, George Curtis. { Webster.
1907 } 23 East Main St.
1909 Littlefield, Marion Curtis..Bradford (Haverhill). Office Haverhill. 50 Merrimack St.
1893 Littlefield, Samuel Horace..Roxbury (Boston). 2 St. James St.
1909 Littlewood, Thomas.....Pittsfield. 779 Tyler St.
1909 Liverpool, Coval Henry....West Somerville (Somerville). 325 Highland Av.

1900 Livingston, Clarence Bertram Lowell. 9 Central St.
1900 Livingston, Ernest George. Lowell. 10 East Merrimack St.
1906 Lloyd, Henry Demarest. Boston. 657 Boylston St.
1903 Locke, Edwin Allen. Boston. 311 Beacon St.
1889 Lockhart, Joseph Smith. Cambridge. 837 Mass. Av.
1910 Loder, Halsey Beach. Boston. 520 Commonwealth Av.
1903 Loewe, Leonard Joseph. Higganum, Conn.
1917 Loewe, Walter Ralph. Dorchester (Boston). 23 Topliff St.
1915 Look, Percy Jonathan. Andover. 115 Main St.
1902 Lord, Frederick Taylor. Boston. 305 Beacon St.
1896 Lord, Sidney Archer. Concord. Nashawtuc Hill
1907 Lorimer, Felix. Boston. 50 Peterboro St.
1897 Loring, Robert Gardner. Lincoln. Office, Boston. 10 Arlington St.
1876 Loring, Robert Pearmain. †1917 Newton Center (Newton). 19 Crescent Av.
1890 Lothrop, Howard Augustus. Boston. 101 Beacon St.
1909 Lothrop, Oliver Ames. Boston. 101 Beacon St.
1895 Lougee, Frank Taylor. Waban. Office, Lynn, 11 Atlantic St.
1912 Lougee, George Woodworth. Lynn. 57 Estes St.
1910 Lougee, John Leroy. West Roxbury (Boston). Office, Boston. 514 Commonwealth Av.
1899 Lougee, William Wheeler. Malden. 195 Main St.
1897 Loughran, James Francis. Lowell. 219 Central St.
1872 Lovejoy, Charles Averill. Lynn. 64 Broad St.
1894 Lovell, Charles Dixon Smith Lynn. 128 South Common St.
1885 Lovell, Charles Edward. Whitman. South Av.
1894 Lovell, David Bigelow. Worcester. 340 Main St.
1900 Lovell, Martha Eleanor. Allston (Boston). 52 Ashford St.
1916 Lovesey, Burton Edward. Lowell. Lowell Gen. Hospital.
1884 Lovett, Robert Williamson. Boston. 234 Marlboro' St.
1903 Lowd, Harry Mosher. Swampscott.
1886 Lowe, Fred Messenger. West Newton (Newton). 1354 Washington St.
1901 Lowell, Albert Fay. Gardner. 20 Vernon St.
1898 Lowell, Alverne Percy. Fitchburg. 52 Hartwell St.
1901 Lowell, Freeman Lamprey Boston. 2A Milford St.
1905 Lowell, William Holbrook. Winchester. Office, Boston 101 Newbury St.
1906 Lowney, Dennis Joseph. New Bedford. 1325 Acushnet Av.
1902 Lowney, John Francis. Fall River. 755 Plymouth Av.
1915 Lowrey, Lawson Gentry. Roxbury. 74 Fenwood Rd.
1910 Lucas, William Palmer. San Francisco, Calif. University Hospital.
1908 Luce, Dean Sherwood. Canton.
1913 Luce, LeRoy Alson. Boston. 536 Commonwealth Av.
1898 Luchsinger, Harry Warner. Housatonic (Great Barrington). Main St.
1913 Luftig, Jacob. Roxbury (Boston). 562 Warren St.
1891 Lund, Fred Bates. Boston. 527 Beacon St.
1908 Lundwall, Laurence Svante Bernhard Gardner. 316 Central St.
1908 Lupien, Henry John. Brockton. 63 Main St.
1890 Lussier, Charles Arthur. Worcester. 154 Grand St.
1913 Lyle, Eveline Burton. Brookline. 35 Winchester St.
1914 Lyman, Henry. Boston. 36 Commonwealth Av.
1907 Lyman, William Robinson. Worthington.
1899 Lynch, Charles Francis. Springfield. 317 Main St.
1903 Lynch, Cornelius Joseph. Quincy. 1620 Hancock St.
1908 Lynch, Daniel Lawrence. Roslindale (Boston). 100 Belgrade Av.
1902 Lynch, Patrick Michael. Springfield. 39 Main St.
1911 Lynch, William Francis. Worcester. 390 Main St.
1914 Lyons, George Aloysius. Lynn. 120 South Common St.
1896 Lyons, Joseph Benedict. Charlestown (Boston). 1 Dexter Row.

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1889 MacArthur, George Elden. Ipswich. 45 Central St.
1913 MacAusland, Andrew Roy. Boston. 240 Newbury St.
1905 MacAusland, William Russell Boston. 240 Newbury St.
1913 Macauley, Joseph Arthur. Dorchester (Boston). 561 Dudley St.
1907 MacCallum, Wallace Peter. Boston. 214 Huntington Av.
1905 MacCormick, John Allan. Boston. 1077 Boylston St.
1912 MacCorison, Carl Copeland North Reading. State Sanatorium, P. O. North Wilmington.
1896 Macdonald, Alexander Ambrose Dorchester (Boston). 119 Washington St.
1887 Macdonald, Colin William. Roxbury (Boston). 1 New Heath St.
1909 MacDonald, Donald Francis Taunton. 10 White St.
1906 Macdonald, Frederick Cornelius Roxbury (Boston). 622 Warren St.
1914 MacDonald, Frederick Livingstone Waltham. Office, Boston. 196 Huntington Av.
1913 Macdonald, John Bernard. Hathorne (Danvers). State Hospital.
1908 MacDonald, William Campbell Malden. 538 Main St.
1865 Macdonald, William Lewis †1903 Wellesley Hills (Wellesley).
1915 Macdougall, Duncan. Haverhill. 131 Main St.
1908 Mace, Charles Herbert. Huntington.
1913 MacFadyen, John Alexander Worcester. 118 Belmont St.
1916 MacGray, Charles Leverne. Needham. 1070 Great Plain Av.
1917 MacIntyre, William Angus North Grafton (Grafton). State Hospital.
1914 MacIver, George Albert. Boston. Mass. Gen. Hosp.
1901 Mackay, Edward Hart. Clinton. 92 Walnut St.
1898 MacKay, George Finlay. Dalton. 71 Main St.
1914 MacKay, William Henry. Worcester. City Hospital.
1879 MacKeen, Alfred Atwater. Whitman. 29 Park Av.
1915 MacKenzie, Roland Chester Waltham. 111 Main St.
1906 MacKerrow, Horace Gilford Worcester. 96 Eastern Av.
1885 Mackie, Laura Viola Gustin Attleborough. 157 Pleasant St.
1899 Mackie, William Charles. Brookline. 54 Coolidge St.
1905 MacKillop, Daniel. Cambridge. 307 Broadway.
1907 MacKinnon, Donald Lauchlin Boston. 8 Columbus Sq.
1898 MacKnight, Adam Stephenson Fall River. 355 North Main St.
1914 MacKnight, William Frank. Boston. 198 St. Botolph St.
1901 MacLennon, Angus Daniel. Boston. 654 Tremont St.
1907, 1913, 1915 MacLeod, John Malcolm. Quincy. 28 Federal St.
1908 MacLeod, Norman Murray. Newport, R. I. Newport Hospital.
1911 MacMichael, Earle Haggett. Malden. 56 Summer St.
1890 MacMillan, Andrew Louis †1915 Hanover. Washington St.
1910 MacMillan, Andrew Louis, Jr. Concord, N. H. 28 South Main St.
1910 MacNeil, Charles Seward Jadis Malden. 143 Main St.
1912 Macomber, Donald. West Newton (Newton). 23 Prince St.
1892, 1938 MacPherson, William Ellsworth Canton.
1904 Macrae, Annie Campbell. Fall River. 130 Rock St.
1904 Madden, William Daniel. Boston. 669 Mass. Av.
1905 Magrath, George Burgess. Boston. 274 Boylston St.
1898 Maguire, Charles Francis. Somerville. 432 Medford St.
1906 Maguire, Eugene Leo. Somerville. 390 Medford St.

1908 **Magune, Frank Leroy**.....Worcester. 28 Pleasant St.
1903 **Magurn, Francis Thomas Louis**.....Charlestown (Boston). 112 Main St.
1913 **Mahar, Harold Robert Collins**.....Orange. 1 High St.
1904 **Mahoney, Daniel Francis**..Boston. 24 Marlboro' St.
1898 Mahoney, Edward Joseph..Springfield. 4 Mattoon St.
1905, 1915 Mahoney, Francis Xavier..Dorchester (Boston). 701 Columbia Rd.
1896 Mahoney, George Clifton...West Somerville (Somerville). 97 College Av.
1917 Mahoney, John Lewis.....Boston. 419 Boylston St.
1888 Mahoney, Stephen Andrew..Holyoke. 630 Dwight St.
1913 Mahoney, Walter Francis..Westborough. 39 South St.
1902 **Mahony, Francis Ronan**...Lowell. 8 Merrimack Sq.
1899 Mains, Charles Frederick..Dorchester (Boston). 208 Ashmont St.
1915 Mains, Herbert Llewellyn..Danvers. 71 Holton St.
1905 Makechnie, Arthur North..Cambridge. 14 Upland Rd.
1879 Makechnie, Horace Perkins †1907.....West Somerville (Somerville). 238 Elm St.
1891 **Mallory, Frank Burr**.....Brookline Office, Roxbury (Boston). 240 Longwood Av.
1903 **Malone, Charles**.....Jamaica Plain (Boston). 3 Glen Rd.
1908 Maloney, John Martin.....Springfield. 559 Liberty St.
1893 Manahan, Herbert Wellington.....Lawrence. 104 South Broadway.
1901 **Mandell, Augustus Hamlin**..New Bedford. 25 Sycamore St.
1893 Mangan, John Joseph.....Lynn. 174 South Common St.
1902 **Manix, Edward Tuck**.....Lynn. 59 Lewis St.
1908 **Mannix, Louis Edward**....Chicopee Falls (Chicopee). 112 Main St.
1916 Manoogian, Byzant John..Peabody. 65 Main St.
1915 Mansfield, Burleigh Burton Salem. 31 Charter St.
1869 **Mansfield, Henry Tucker** †1911.....Needham. 897 Highland Av.
1897 **Mansfield, James Albert**...Dorchester (Boston). 42 Hancock St.
1899 **Mansur, Leon Wallace**.....Los Angeles, Calif. 1109 Brockman Bldg.
1912 **Marble, Henry Chase**.....Boston. 28 Commonwealth Av.
1870 **Marble, John Oliver** †1908 Worcester. 16 Murray Av.
1903 **Marcley, Walter John**.....Minneapolis, Minn. 9th St. and Nicollet Av.
1863 **Marcy, Henry Orlando**....Boston. Office, Cambridge. 860 Mass. Av.
1901 **Marcy, Henry Orlando, Jr.**Newton. 140 Sargent St.
1916 Margeson, Reginald Dimock Boston. 527 Beacon St.
1903 Markham, Erwin Walter...Lee. Main St.
1913 Maroney, Patrick Joseph...Westfield. 16 Chapel St.
1913 Marr, Edward Loring.....Melrose. 36 Whittier St.
1907 **Marr, Myron Whitmore**...Dorchester (Boston). 11 Hopestill St.
1912 Marr, Robert McClellan...Westfield. 29 Elm St.
1912 Marsden, George.....New Bedford. 1579 Acushnet Av.
1915 Marsh, Albert.....Reading. R. F. D.
1910 Marsh, Anna Peabody.....Danvers. 155 Center St.
1895 Marsh, Arthur White.....Worcester. 690 Main St.
1903 Marshall, Augustus Thompson.....Chelsea, Vt.
1909 Marshall, Herman Weston.Boston. 66 Bay State Rd.
1908 Marshall, William Reginald.....Lynn. 26 Broad St.
1911 Marston, Warren Winfield.Newton. 337 Washington St.
1897 Martel, Stanislaus.....Lynn. Office, Boston. 362 Commonwealth Av.
1897 Martin, Archibald Herbert.Lynn. 29 Broad St.
1916 Martin, David Lorenzo....Dorchester (Boston). 4 Rosedale St.
1913 Martin, Edward.....Roxbury (Boston). 217 Warren St.
1917 Martin, George Forrest....Lowell. 9 Central Sq.
1913 Martin, Harold Winthrop..Roxbury (Boston). 151 Warren St.
1898 Martin, Harry Charles....Springfield. 374 Main St.
1904 Martin, John Brayton.....Lynn. 25 Newhall St.
1913 Martin, John Foley.....Boston. 788 Beacon St.
1897 Martin, John Macleod.....Roxbury (Boston). 440 Warren St.
1902 **Marvell, Mary Wilbur**.....Fall River. 243 Highland Av.
1916 Marvin, Frank William...Boston. 522 Commonwealth Av.
1884 **Mason, Atherton Perry**....Fitchburg. 748 Main St.
1914 Mason, Broadstreet Henry.Worcester. State Hospital.
1913 Mason, Gilbert McClellan..Dorchester (Boston). Office, Boston. 520 Beacon St.
1902 Mason, Nathaniel Robert...Boston. 483 Beacon St.
1907 Massé, John Baptiste.....Lawrence. 277 Broadway.
1900 Masten, Charles Howard...Worcester. 919 Main St.
1876 Mather, Edward Elias †1910 Williamstown.
1906 Mather, John Adams.....Colrain. Box 49.
1907 Mathes, Roy Wentworth...Lynn. 32 Chestnut St.
1910 Mathews, Robert Francis..Worcester. 18½ Portland St.
1915 Mathewson, Frank Weeden New Bedford. 250 Union St.
1879 Matte, Joseph Hubert Ambrose †1914.....North Adams. 82 Church St.
1909 May, George Elisha.....Newton Center (Newton). 661 Commonwealth Av.
1916 May, James Vance.....Dorchester Center. (Boston). State Hosp.
1899 **May, John Shepard**.....Roxbury (Boston). 495 Warren St.
1905 Mayberry, Frank Eugene...Pittsfield. 100 North St.
1916 Mayers, John Edward.....South Boston (Boston). 749 Broadway.
1902 **Mayhew, Orland Smith**....Vineyard Haven (Tisbury).
1896 McAdams, James Philip...Lowell. 295 Central St.
1910 McAdams, Peter Stephens..Cambridge. Office, Boston. 1075 Boylston St.
1905 McAllester, Ralph William.Everett. 15 Linden St.
1899 McAllister, Frederick Danforth.....Methuen. Office, Lawrence. 301 Essex St.
1906 McArdle, John Joseph.....Lawrence. 477 Essex St.
1902 McBain, William Hearst...Malden. 456 Pleasant St.
1897 McCabe, John Joseph.....Holyoke. 290 Maple St.
1905 McCaffrey, Charles Francis.Somerville. 44 Summer St.
1913 McCann, Charles Daniel...Brockton. 28 Main St.
1917 McCarthy, Charles Daniel Jr.....Malden. 96 Summer St.
1886 **McCarthy, Charles Daniel**.Malden. 164 Pleasant St.
1897 McCarthy, Charles Florence Winchester. 452 Main St.
1892 McCarthy, Eugene Allan...Cambridge. 5 Bigelow St.
1908 McCarthy, Eugene Ambrose Fall River. 901 Second St.
1908, 1916 McCarthy, Eugene Justin.Malden. 17 Garnet St.
1906 McCarthy, Francis Patrick.Milton. Office, Boston. 394 Marlboro St.
1907 McCarthy, Louis Flurence.Malden. 311 Pleasant St.
1897 McCarthy, Thomas Francis Marlborough. Cotting Av.
1890 McCarthy, Thomas Horatio.....Brockton. 183 Main St.
1906 McCarthy, Timothy Francis.....Jamaica, N. Y. 5 Ray St.
1916 McCartin, John Edward...Dorchester (Boston). 467 Columbia Road.
1917 McCarty, Edward Michael Somerville. 30 Walnut St.
1878 McCarty, James Joseph...Lowell. 574 Central St.
1904 McCausland, William James.....Quincy. 123 Franklin St.
1875 McClean, George Chesley..Springfield. 337 State St. †1916
1917 McClintock, Elsie .....Gardner. Henry Heywood Hosp.
1912 McClintock, Francis Blake.Chelsea. 27 Crescent Av.
1911 McCluskey, Richard John..Lowell. 40 Middlesex St.
1908 McClusky, Henry Lincoln..Worcester. 7 Hawthorne St.
1912 McConnell, David James..Greenfield. 2 Chapman St.
1875 McCormick, Cornelius Joseph.....Waltham. 825 Main St.
1906 McCormick, John Joseph..Woburn. 60 Montvale Av.

1907 McCready, Leo Thomas....Jamaica Plain (Boston). 2 Peter Parley Rd.
1911 McCreery, Clarence Charles Somerset. Riverside Av.
1906 McCurdy, Theodore Edward Alexis Roxbury (Boston). 808 Tremont St.
1900 McDermott, Joseph Edward Charlestown (Boston). 296 Bunker Hill St.
1898 McDermott, William Vincent Salem. 6 Brown St.
1903 McDonald, James William. Worcester. 33 Trumbull St.
1902 McDonald, Samuel James.. Boston. 657 Boylston St.
1899 McDonald, William Joseph. Brookline. 47 Garrison Rd.
1900 McEvoy, George Albert.... Dorchester (Boston). Office, Boston. 520 Beacon St.
1894 McEvoy, Thomas Edward.. Worcester. 37 Portland St.
1898 McFee, William David.... Haverhill. Office, Boston. 149 Newbury St.
1914 McGann, Pierce Powers.... Somerville. 140 Highland Av.
1886 McGannon, Thomas Gerald. Lowell. 36 Nesmith St.
1891 McGauran, Michael Sheridan Lawrence. 266 Broadway.
1900 McGee, Fanny Maria..... Waban (Newton). 765 Chestnut St.
1893 McGillicuddy, John Timothy Worcester. 390 Main St.
1904 McGillicuddy, Richard Aloysius Turner's Falls (Montague). Avenue A.
1914 McGinity, Joseph Taney... Springfield. 236 Dickinson St.
1909 McGinley, Michael Charles. Ipswich. Central St.
1900 McGirr, Felix Francis..... Cambridge. 1436 Cambridge St.
1898 McGrath, Bernard Francis. Milwaukee, Wis. Marquette School. Med.
1912 McGraw, Andrew James... Taunton. 61 Broadway.
1907 McGurn, William J..... Roxbury (Boston). 1470 Tremont St.
1914 McIntire, Frederic Joseph. Lynn. 63 North Common St.
1908 McIntire, George Francis.. Cambridge. 5 Dana St.
1882 McIntire, Herbert Bruce... Cambridge. 4 Garden St.
1909 McKallagat, Peter Leo.... Lawrence. 301 Essex St.
1915 McKechnie, Frederick Joseph Springfield. 317 Main St.
1897 McKeen, Sylvester Forshay Allston (Boston). 556 Cambridge St.
1912 McKelvey, Alexander Dunbar Toronto, Canada. 193 Bloor St., East.
1892 McKenna, Francis Patrick. Jamaica Plain (Boston). 382 Center St.
1893 } McKenzie, John Robert... Cambridge. 897 Mass. Av.
1912 }
1901 McKibben, William Watson. Worcester. 390 Main St.
1893 } McKoan, John William... Worcester. 53 Lincoln St.
1913 }
1914 McLaughlin, Allan Joseph. Boston. 145 State House.
1914 McLaughlin, Arthur Otis.. Haverhill. 120 Emerson St.
1895 McLaughlin, Henry Valentine Brookline. Office, Boston. 394 Marlboro' St.
1885 McLaughlin, Joseph Ignatius Roxbury (Boston). 92 Walnut Av.
1910 McLean, John Allan..... West Somerville (Somerville). 16 Curtis St.
1915 McLellan, William Edwin.. Lynn. 559 Western Av.
1901 McLeod, John Scott..... Roxbury (Boston). 151 Warren St.
1913 McMahon, Francis Joseph. Brookline. 370 Washington St.
1904 McMann, William Henry... Jamaica Plain (Boston). 328 Center St.
1900 McMurray, Francis Michael Fitchburg. 267 Main St.
1888 McNally, William Joseph.. Charlestown (Boston). 31 Monument Sq.
1903 McNamara, John James... Brockton. 231 Main St.
1898 McNeish, Alexander..... Leicester. Pleasant St.
1882 McOwen, William Henry.. Newton Upper Falls (Newton). 280 Elliot St.
1916 McPeake, John Richard... Mattapan (Boston). 1585 Blue Hill Av.
1905 McPherson, George Edwin. Medfield. State Hospital.
1903 McPherson, Ross..... New York, N. Y. 20 West 50th St.
1909 McQuade, Lewis Steele.... Dorchester (Boston). 1081 Blue Hill Av.
1898 McQuaid, Thomas Bernard. Everett. 487 Broadway.
1910 McRae, Alexander John... Wilkes-Barre, Pa. City Hospital.
1914 McRobbie, Alexander..... Lynn. 48 So. Common St.
1905 McSheehy, Theobald Coleman Worcester. 86 Vernon St.
1917 McWilliams, Norman Beattie Williamstown.
1897 Mead, Frederick Ammi.... Willimansett (Chicopee). 984 Chicopee St.
1892 Mead, George Nathaniel Plummer Winchester. 27 Church St.
1903 Mead, Louis Guy..... Boston. 259 Beacon St.
1912 Means, James Howard..... Boston. 15 Chestnut St.
1906 Means, Philip Corydon.... Apponaug, R. I.
1917 Medalia, David Bernard... Boston. 30 Bickerstaff St.
1905 Medalia, Leon Samuel..... Boston. 483 Beacon St.
1905 Meehan, Patrick Joseph... Lowell. 228 Worthen St.
1906 Mehan, Joseph Aloysius... Lowell. 4 Park St.
1894 Meigs, Return Jonathan.. Lowell. 226 Merrimack St.
1906 Mellen, Eleanor Way Allen . Newton Highlands (Newton). 291 Lake Av.
1911 Mellen, Harry George..... Pittsfield. 150 North St.
1905 Mellus, Edward..... Newton. 419 Waverley Av.
1905 Mendelsohn, Louis..... Boston. 362 Commonwealth Av.
1894 Mercer, William James.... Pittsfield. 142 First St.
1917 Meredith, Florence Lyndon Watertown. 96 Mt. Auburn St.
1916 Mernin, Mary Towler..... Cambridge. 28 Blake St.
1899 Merriam, Franklin Henry.. South Braintree (Braintree). 37 Holbrook Av.
1893 Merrick, Robert Michael.. Dorchester (Boston). 18 Mt. Ida Road.
1914 Merrill, Adelbert Samuel.. Boston. 244 West Newton St.
1905 Merrill, Ayres Philip..... Pittsfield. 519 North St.
1916 Merrill, Charles Henry.... Lynn. 64 Nahant St.
1917 Merrill, Clyde Harold..... Marlborough. 103 Mechanic St.
1915 Merrill, Everett Albert.... Lynn. 212 Boston St.
1896 Merrill, William Howe..... Lawrence. 301 Essex St.
1897 Merritt, Silas Virgil..... Fall River. 297 Osborn St.
1900 Merritt, Victor Sulviro.... Springfield. 141 Wilbraham Road.
1915 Meserve, Edwin Alonzo.... Watertown. 266 Belmont St.
1883 Messer, Charles Carson.... Turners' Falls (Montague). Avenue A.
1905 Messinger, Harry Carleton. Providence, R. I. 170 Broad St.
1896 Metcalf, Ben Hicks..... Winthrop. 174 Winthrop St.
1913 Metcalf, Julia Tracy..... Los Angeles, Calif. 101 South Oxford Av.
1914 Metcalf, Richard..... Providence, R. I. 32 Sargent St.
1912 Metzger, Butler..... Lynn. 153 Lewis St.
1914 Meyer, Edward James..... Somerville. 18 Bow St.
1917 Meyers, Hyman Bernard.. Chelsea. 174 Chestnut St.
1901 Middleton, Willis Johnson. Quincy. 446 Washington St.
1885 Mignault, Rodrigue..... Lowell. 534 Merrimack St.
1909 Miles, Charles Gardner.... Brockton. 23 Main St.
1893 Miles, George Albert..... West Somerville (Somerville). 56 Chester St.
1867 Millard, Henry James †1908 North Adams. 81 Church St.
1892 Miller, Charles Herman... Dorchester (Boston). The Peabody, Ashmont St.
1877 Miller, Ernest Parker..... Fitchburg. 408 Main St.
1910 Miller, George Fremont.... Boston. 132 Huntington Av.
1895 Miller, Lester Colwell..... Worcester. 14 Oxford St.

1909 Miller, Percy Farrington...Harwich. Main St.
1912 Miller, Richard Henry.....Boston. 279 Clarendon St.
1900 Miller, Samuel Osgood.....Three Rivers (Palmer).
1880 Millet, Charles Sumner...Brockton. 23 Main St.
1915 Millet, John Alfred.....Buffalo, N. Y.
Parsons 113 High St.
1913 Millett, Frank Albertus...Greenfield 17½ Federal St
1898 Milliken, Charles Warren..Barnstable
1915 Mills, Alfred Ewing.....Somerville. 192 Central St.
1893 Milot, Alphonse François...Taunton. 462 Bay St.
1900 Milot, Wilfrid François....Attleborough. 27 Bank St.
1912 Mindlin, Carl.....Haverhill.
343 Washington St.
1915 Miner, Leroy Matthew Simpson Newtonville (Newton). Office, Boston.
153 Newbury St.
1891 Miner, Worthington Warner Ware. 37 Main St.
1916 Miniter, Francis Gabriel...New York, N. Y.
St. Luke's Hospital.
1912 Minot, George Richards...Boston 188 Marlboro' St.
1877 Minot, James Jackson.....Boston 188 Marlboro' St.
1896 Minshall, Arthur Gladstone Northampton. 16 Center St.
1893 Mitchell, Arthur.....Medfield.
1897 Mitchell, Harry Walter....Warren, Pa. State Hosp.
1901 Mitchell, William.....Needham Highlands (Needham).
1908 Mixter, Charles Galloupe..Boston. 180 Marlboro' St.
1881 Mixter, Samuel Jason.....Boston. 180 Marlboro' St.
1907 Mixter, William Jason.....Boston. 180 Marlboro' St.
1909 Moeckel, Carl Richard....Lawrence. 443 Broadway.
1904 Moline, Charles.....Sunderland.
1911 Monahan, Edward James..Revere. 665 Beach St.
1914 Monahan, John Ambrose...Clinton. 181 Chestnut St.
1913 Moncrieff, William Armitage New Bedford. 142 Merrimack St.
1894 Mongan, Charles Edward..Somerville. 24 Central St.
1880 Monks, George Howard....Boston.
51 Commonwealth Av.
1916 Montague, Charles Elbert..Wakefield. 15 Richardson St.
1907 Monty, Adelbert Howard..Holyoke. 255 Maple St.
1908–1911 Moody, Flora Frost...Springfield.
77 Dartmouth St.
1911 Moore, Frederick Porter...Foxborough. State Hosp.
1911 Moore, George Albert.....Brockton. 31 West Elm St.
1915 Moore, George Andrew....Palmer. 92 Thorndike St.
1904–1914 Moore, George Colton.....Boston. 16 Union Park.
1913 Moore, Howard.....Newton. Office, Boston.
272 Newbury St.
1898 Moore, John Henry.....Boston. 419 Boylston St.
1914 Moore, Mary Teresa Veronica Brighton (Boston). Office, Boston.
1402 Commonwealth Av.
1901 Moore, Philip Patrick.....Gloucester. 58 Middle St.
1903 Mooring, Scott Webber.....Gloucester.
738 Washington St.
1907 Moran, Charles Leo.....U. S. Navy.
1872 Moran, John Brennan †1908 Allston (Boston).
168 Allston St.
1911 Morgan, Charles Russell...Boston. 1091 Boylston St.
1885 Morgan, John.....Boston. 39 Huntington Av.
1903 Morgner, Richard August..Fitchburg. 429 Main St.
1917 Moriarty, John Joseph.....Danvers. 5 Page St.
1914 Moriarty, Patrick Maurice.Springfield. 820 State St.
1878 Morong, Arthur Bennett...Boston. 12 Blackwood St.
1891 Morris, George Patrick....South Boston (Boston).
811 Broadway.
1891 Morris, James Stewart.....Revere. 648 Beach St.
1889 Morris, John Gavin.....South Boston (Boston).
97 Broadway.
1873 Morris, Michael Augustine..Charlestown (Boston). Office, Boston.
390 Commonwealth Av.
1897 Morris, Richard Holt.....Everett. 39 Corey St.
1907 Morrison, Archibald Benjamin Roxbury (Boston).
547 Blue Hill Av.
1910 Morrison, Hyman.....Dorchester (Boston).
103 Glenway St.
1917 Morrison, Lawrie Byron..Boston. 374 Marlboro' St.
1908 Morrison, Robert Francis..Holyoke. 32 Main St.
1887 Morrison, William Alexander East Boston (Boston).
80 Princeton St.
1913 Morrison, William Reid....Boston. 527 Beacon St.
1916 Morriss, William Sarsfield.Fall River. 565 Broadway.
1892 Morrow, Charles Harvey...Gloucester. 46 Pleasant St.
1906 Morrow, William Robert...Framingham. 21 Irving St.
1898 Morse, Almon Gardner.....Hingham. Office, Boston.
421 Marlboro' St.
1892 Morse, Charles Ellsworth..Wareham. Main St.
1887 Morse, Frank Adelbert.....Lynn. 11 Lincoln St.
1896 Morse, Frank Leander.....Somerville. 78 Highland Av.
1885 Morse, Fred Harris.....Winthrop. Office, Boston.
462 Boylston St.
1910 Morse, George W.....Boston. 30 Pinckney St.
1878 Morse, Henry Lee.....Medfield. North St.
1910 Morse, Irene May.....Clinton. 124 Water St.
1890 Morse, John Lovett.....Boston. 70 Bay State Rd.
1905–1914 Morse, Nathaniel Niles. Mattapan. Office, Boston. 69 Newbury St.
1909 Morse, Roy Sydney.....Ashland.
1898 Mosher, Harris Peyton....Boston. 828 Beacon St.
1914 Mosher, Marshall James...Waltham. 925 Main St.
1914 Mossman, George.....Westminster. 66 Main St.
1915 Mott, George Ernest.....Lynn. 12 Bennett Circle.
1916 Moulton, Allen Thomas....Roxbury (Boston). Office, Boston. 483 Beacon St.
1909 Mudge, Otis Pope.....Amesbury. 152 Main St.
1913 Mulcahy, William Edward.Springfield.
247 Eastern Av.
1916 Muldoon, Mary Theresa...Somerville. 351 Broadway.
1908 Mullen, Peter James.....Amesbury.
140 Main St.
1884 Munro, Walter Lee.....Providence, R. I.
189 Waterman St.
1906 Munroe, Harrington Bennett Los Angeles, Calif. 7028 Hollywood Boul'vd.
1901 Murdock, Frederick William Brockton. 54 West Elm St.
1908 Murphy, Anna Frances....Worcester. 5 King St.
1903 Murphy, Daniel David.....Amesbury. 174 Main St.
1915 Murphy, Daniel Francis...Beverly Farms (Beverly). 28 Vine St.
1914 Murphy, Edward Frederick Roxbury (Boston). 1451 Tremont St.
1904 Murphy, Edward Martin...Lowell. 175 Central St.
1900 Murphy, Edward Vincent..Newport, R. I. 118 Mill St.
1895 Murphy, Emily Frances....Taunton. 23 Summer St.
1884 Murphy, Francis Charles...Boston. 315 Marlboro' St.
1904 Murphy, Frank Augustine..Taunton. 4 Fruit St.
1902 Murphy, Fred Towsley.....St. Louis, Mo.
1806 Locust St.
1905 Murphy, Frederick Paul...Lowell. 219 Central St.
1905 Murphy, Frederick Vincent.Attleborough. 51 Bank St.
1917 Murphy, Harold Alphonsus Jamaica Plain (Boston).
330 Center St.
1913 Murphy, John Joseph.....Cambridge. 3 Norris St.
1882 Murphy, Joseph Briggs....Taunton. 23 Summer St.
1913 Murphy, Joseph Leroy.....Taunton. 23 Summer St.
1905 Murphy, Thomas William..Lawrence. 248 Broadway.
1898 Murphy, Timothy Joseph..Roxbury (Boston). Office, Boston. 520 Beacon St.
1910 Murray, Benjamin Frank..Boston. 6 Beacon St.
1910 Murray, Patrick Joseph....Dorchester (Boston).
162 Harvard St.
1907 Myers, Elizabeth Young...Springfield.
11 St. James Av.
1903 Myers, Samuel William....Boston. 34 McLean St.
1903 Myers, Solomon.....East Boston (Boston).
93 Lexington St.
1904 Myles, Leo Thomas.....Cambridge. 146 Oxford St.
1910 Myrick, Alfred Winthrop..Randolph.
1901 Myrick, Hannah Glidden...Roxbury (Boston).
N. E. Hospital.
1909 Mysel, Hymen Abraham...Haverhill.
310 Washington St.
1913 Mysel, Philip.....Boston. 20 Prince St.

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1899 Nason, Arthur Clark.....Newburyport. 178 High St.

1895 Nason, Osman Cleander Baker Cambridge. 5 Chester St.
1914 Nathanson, Elias Saul..... Lynn. 242 Summer St.
1908 Neff, Irwin Hoffman..... East Norfolk (Norfolk). State Hospital.
1908 Nelligan, John Patrick.... Cambridge. 2336 Mass. Av.
1912 Nelson, Christian Augustus. Cambridge. 27 Clinton St.
1908 Nettle, Paul..... Haverhill. 207 Groveland St.
1907 Nevers, Harry Hill..... Lawrence. 246 Andover St.
1897 Newell, Franklin Spilman. Boston. 443 Beacon St.
1901 Newhall, Avery Lester.... Lynn. 7 Vine St.
1909 Newhall, Harvey Field.... Lynn. 51 Nahant St.
1886 Newhall, Herbert William. Lynn. 82 Broad St.
1886 Newhall, Lawrence Thompson Brookfield.
1899 Newton, Aaron Lewis..... Northfield.
1914 Newton, Edward Roswell.. Somerville. Office, Boston. 419 Boylston St.
1916 Newton, Frank Loomis Sabin Somerville. 34 Highland Av.
1908 Newton, Ralph Waldo..... U. S. Army.
1909 Newton, Roland Stephen... Westborough. 50 West Main St.
1898 Newton, William Curtis... Revere. 506 Beach St.
1917 New, Way Sung..... Boston. Mass. Gen. Hosp.
1870 Nichols, Arthur Howard †1911 Boston. 55 Mt. Vernon St.
1890 Nichols, Edward Hall..... Boston. 294 Marlboro' St.
1892 Nichols, John Holyoke..... Tewksbury. State Infirmary.
1884 Nickerson, George Wheaton Stoneham. 55 Central St.
1902 Nickerson, John Peter..... West Harwich (Harwich).
1871 Nickerson, William Jabez †1910 New Bedford. 164 Middle St.
1911 Nield, William Andrew.... New Bedford. 62 Fifth St.
1899 Nielsen, Edwin Björne.... West Newton (Newton). Office, Boston. 543 Boylston St.
1900 Nightingale, James..... Worcester. 138 Franklin St.
1915 Nigro, Michele..... Chelsea. Frost Hospital.
1915 Niles, Edward Harry..... Danvers. 66 Elm St.
1917 Niles, John Otis Garfield.. Everett. 304 Ferry St.
1874 Nims, Edward Beecher †1903 Springfield. 40 Harvard St.
1916 Nissen, Harry Archibald.. Brookline. 85 Abbotsford Road.
1895 Noble, Anngenette Fowler. Westfield. 21 Noble St.
1915 Noble, Ermy Corser..... Mattapan (Boston). State Hospital.
1906 Noble, Mary Gill..... Mattapan (Boston). State Hospital.
1902 Nolen, Walter Freeman.... Boston. 535 Beacon St.
1911 Noonan, William Andrew.. Cambridge. 472 Cambridge St.
1914 Normand, Jean Napoleon... Fall River. 183 Hunter St.
1865 Norris, Albert Lane †1907 Malden. 283 Clifton St.
1903 Norris, Albert Perley..... Cambridge. 760 Mass. Av.
1916 Norris, Rolf Clarke..... Methuen. 10 Grove St.
1886 Norton, Eben Carver.... Norwood. 792 Washington St.
1903 Norton, George Edward... Cambridge. 102 River St.
1900 Norton, George Paul..... Fitchburg. 24 Prichard St.
1910 Norton, Herbert Roselle... Dorchester (Boston). 11 Bloomfield St.
1917 Noyes, Arthur Perry..... Roxbury (Boston). 74 Fenwood Rd.
1881 Noyes, Ernest Henry..... Newburyport. 12 Essex St.
1908 Noyes, John Russell..... Brockton. 63 Main St.
1905 Noyes, Margaret Louise... Boston. 101 Newbury St.
1890 Noyes, Nathaniel Kingsbury Duxbury. Washington St.
1917 Nutt, Walter Elwyn..... Methuen. 34 Lowell St.
1914 Nute, Albert James..... Boston. U. S. Immigration Station.
1898 Nute, Marion..... Dorchester (Boston). Office, Boston. 483 Beacon St.
1908 Nye, Harry Royal..... Leominster. 27 Cotton St

O

1906 } 1916 } Oak, Charles Arthur..... Lynn. 183 Franklin St.
1901 Ober, Frank Roberts..... Boston. 234 Marlboro' St.
1904 Ober, Ralph Beverley..... Springfield. 76 Maple St.
1912 O'Brien, Carl Robert..... Bangor, Me. 6 State St.
1903 O'Brien, Charles Thomas.. Woburn. 11 Pleasant St.
1905 O'Brien, Daniel Paul..... New Bedford. 330 Union St.
1912 O'Brien, Edward Joseph... Brighton (Boston). Office, Boston. 543 Boylston St.
1917 O'Brien, John Charles..... Greenfield.
1911 O'Brien, Frederick William Brockton. 12 Cottage St.
1903 O'Brien, John Francis..... Charlestown (Boston). Office, Boston. 520 Beacon St.
1911 O'Brien, John Francis..... Fall River. Union Hosp.
1911 O'Brien, John Francis..... Taunton. State Hospital.
1905 O'Brien, Joseph Jeremiah.. Dorchester (Boston). 2175 Dorchester Av.
1900 O'Brien, Thomas James... Boston. 501 Beacon St.
1902 O'Brien, Walter John Leo. Jamaica Plain (Boston). 218 South St.
1885 O'Callaghan, Mary Vincent Worcester. 137 Pleasant St.
1905 O'Connell, Andrew Edward Worcester. 518 Main St.
1902 O'Connor, Dennis Francis.. Worcester. 340 Main St.
1883 O'Connor, James Bernard.. Lowell. 188 Moore St.
1901 O'Connor, John Francis.... Worcester. 25 Portland St.
1896 O'Connor, John Henry..... Hyde Park (Boston). 26 Oak St.
1910 } 1915 } O'Connor, Joseph William Worcester. 13 Elm St.
1911 O'Connor, Patrick Henry.. New Bedford. 240 County St.
1903 O'Day, George Frederick... Worcester. 10 Vernon St.
1916 Odeneal, Thomas Helm.... Beverly. 163 Cabot St.
1881 O'Donnell, Francis Michael. Newton. 619 Washington St.
1912 O'Donnell, George Thomas. Waltham. 768 Main St.
1914 Oeser, Paul Richard..... Lawrence. 272 Jackson St.
1892 Ogden, Jay Bergen..... New York, N. Y. 1 Madison Av.
1913 O'Hare, James Patrick..... Boston. 536 Commonwealth Av.
1908 O'Keefe, Abbie Mabel..... Roxbury (Boston). Office, Boston. 541 Boylston St.
1899 O'Keefe, Daniel Thomas... Jamaica Plain (Boston). 28 Glen Road.
1914 O'Keefe, Edward Scott..... Lynn. 164 Essex St.
1893 O'Keefe, Michael Wallace.. East Boston (Boston). 421 Meridian St.
1907 O'Leary, Joseph Augustus.. Wakefield. 16 Chestnut St.
1895 Olin, Francis Henry..... Southbridge. Hamilton St.
1912 Olin, Harry..... Roxbury (Boston). 444 Warren St.
1906 Oliver, Everard Lawrence.. Boston. 362 Commonwealth Av.
1855 Oliver, Henry Kemble †1898 Boston.
1905 O'Malley, Edward Francis. Fitchburg. 36 Prichard St.
1913 O'Meara, John George..... Providence. R. I. 1547 Westminster St.
1891 O'Meara, Michael John..... Worcester. 17 Wellington St.
1897 O'Neil, Richard Frothingham Boston. 379 Beacon St.
1916 Orcutt, Wallace Lyman.... West Newbury. Main St.
1896 Ordway, Charles Anthony.. Everett. 346 Main St.
1904 Ordway, Clarence Eugene.. Winchester. 371 Main St.
1905 Ordway, Mabel Dyer..... Jamaica Plain (Boston). 6 Parley Vale.
1905 Ordway, Thomas..... Albany, N. Y. Albany Medical College.
1916 O'Reilly, Francis Augustine Lawrence. 249 Haverhill St.
1914 O'Reilly, William Francis.. Lynn. 144 South Common St.
1914 O'Rourke, Edward James.. Cambridge. 2280 Mass. Av.

1902 Osborne, Caroline Amelia..Worcester. 145 Woodland St.
1903 Osborne, Ernest Sumner...West Dennis (Dennis).
1905 Osgood, George.....Cohasset.
1904 Osgood, George Edward....West Somerville (Somerville). 333 Highland Av.
1892 Osgood, Gilman.....Rockland. 258 Union St.
1901 Osgood, Robert Bayley.....Boston. 372 Marlboro' St.
1917 Osman, Charles Franklin..Dorchester (Boston). 83 Columbia Road.
1911 O'Sullivan, Anna.....Boston. 175 Dartmouth St.
1899 O'Sullivan, John Joseph...Lawrence. 340 Haverhill St.
1876 Otis, Edward Osgood.....Boston. 381 Beacon St.
1881 Otis, Walter Joseph.....Boston. 267 Beacon St.
1909 O'Toole, John Laurence....Bradford (Haverhill). 112 Main St.
1894 Ott, George John.....Boston. 419 Boylston St.
1917 Overholser, Winfred .....Westborough. State Hosp.
1913 Overlander, Charles Leonard Boston. 520 Beacon St.
1910 Overlander, John Elliot.....Springfield. 84 Maple St.
1899 Overlock, Melvin George...Worcester. 774 Main St.
1876 Oviatt, George Alexander..South Sudbury (Sudbury).
1912 Owen, Albert Simpson.....Framingham. 44 Lincoln St.

P

1895 Packard, Edward Albert...Boston. 908 Beacon St.
1916 Packard, Fabyan.....Boston. City Hospital.
1903 Packard, Frederic Henry...Waverley. McLean Hosp.
1899 Packard, George Henry.....White Rock, N. C.
1907 Packard, Horace.....Boston. 470 Commonwealth Av.
1913 Packard, Loring Bradford..Brockton. Brockton Hospital.
1907 Paddock, Brace Whitman..Pittsfield. 7 North St.
1876 Paddock, William Le Roy..Pittsfield. 7 North St. †1916
1893 Page, Albert Kidder.....Boston. 339 Mass. Av.
1894 Page, Calvin Gates.....Boston. 128 Marlboro' St.
1870 1892 1909 Page, Charles Whitney †1912 — Hartford, Conn. 94 Woodland St.
1898 Page, George Thornton.....Cambridge. 113 Inman St.
1892 Page, Hartstein Wendell...Baldwinsville (Templeton).
1898 Pagé, Joseph Gregory Elias Southbridge. 28 Hamilton St.
1917 Paglia, Jeremiah James, Jr.Worcester. 80 Shrewsbury St.
1864 Paige, Nomus †1906 Taunton. 74 Winthrop St.
1905 Paine, Alonzo Kingman....Boston. 80 Bay State Road.
1867 Paine, Amasa Elliott.....Brockton. 439 Belmont Av.
1910 Paine, Harlan Lloyd.....Gardner. State Colony.
1908 Paine, Nathaniel Emmons..West Newton (Newton). 1650 Washington St.
1896 Painter, Charles Fairbank..Newton. Office Boston. 522 Commonwealth Av.
1904 Palfrey, Francis Winslow..Boston. 80 Marlboro' St.
1893 Palmer, Ezra.....Boston. 175 Dartmouth St.
1892 Palmer, George Monroe....Watertown. 11 Westland Rd.
1882 Palmer, Lewis Merritt.....Framingham. 62 Concord St.
1888 Palmer, Sarah Ellen.....Boston. 483 Beacon St.
1912 Palmer, Walter Walker....Boston. Mass. Gen'l Hosp.
1916 Papas, Prodromos Nicholas Boston. 384 Commonwealth Av.
1917 Papen, George William....East Boston (Boston). Relief Station.
1905 Paquin, Joseph Ubalde.....New Bedford. 1306 Acushnet Av.
1901 Parcher, George Clarence...Saugus. 319 Central St.
1890 Park, Francis Edwin.....Stoneham. 350 Main St.
1904 Parker, Ernest Lawrence...Worcester. 12 Mass. Av.
1914 Parker, Frederick Daniel..Needham. 101 May St.
1879 Parker, Ralph Walter.....Lowell. 53 Central St.
1914 Parker, Raymond Brewer..Winthrop. 148 Winthrop St.
1893 1913 Parker, Wallace Asahel...Bartlett, N. H. Birch Av.
1899 Parker, Walter Henry.....Dorchester (Boston). 1773 Dorchester Av.
1912 Parker, Willard Stephen...Boston. 128 Bay State Rd.
1887 Parks, Silas Henry.....Great Barrington. 314 Main St.
1892 Parmelee, William Josiah..Springfield. 108 Calhoun St.
1905 Parr, John.....Methuen. 7 Hampshire St.
1916 Parris, Roland Oliver.....Brookline. 15 Englewood Av.
1880 1915 Parsons, Azariah Worthington — Devine, Texas.
1887 Parsons, Frank Sears.....Dorchester (Boston). 307 Adams St.
1915 Partington, Cyrus Brown...Fall River. 244 Cherry St.
1914 Partridge, Thomas Jefferson Cambridge. 11 Magazine St.
1910 Parvey, Benjamin.....Dorchester (Boston). 6 Glenway St.
1906 Pascoe, William Whelan...Adams. 67 Summer St.
1892 Patch, William Thurston..Roxbury (Boston). Office, Boston. 419 Boylston St.
1902 Patten, Stephen Kerr.....Brookline. Office, Boston. 141 Milk St.
1905 Patterson, Alice Maria.....Hathorne (Danvers). State Hospital.
1900 Patterson, William Francis.Charlestown (Boston). 401 Main St.
1905 Pattrell, Arthur Ellis.....North Grafton (Grafton).
1899 Paul, Luther Gordon.....Boston. 321 Beacon St.
1915 Paul, Socrates James.....Springfield. 549 State St.
1887 Paul, Walter Everard.....Boston. 104 Marlboro' St.
1912 Pavlo, Samuel George.....Boston. 69 Chambers St.
1891 Payne, James Henry.....U. S. Navy (retired). Boston. 344 Commonwealth Av.
1907 Peabody, Francis Weld....Roxbury (Boston). P. B. Brigham Hospital.
1908 Pearce, Arthur Cushing....Brookline. Office, Boston. 543 Boylston St.
1914 Pearce, George Girdwood..New Bedford. 18 Seventh St.
1912 Pearl, Samuel Maurice.....Boston. 67 Chambers St.
1902 Pearson, Charles Lusby....Newton. Office, Boston. 320 Commonwealth Av.
1891 Pearson, Maurice Wellesley Ware. 19 Pleasant St.
1899 Pease, Charles Wood.....Needham. 20 Dedham Av.
1892 Pease, Edward Allen.....Boston. 431 Beacon St.
1906 Pease, Lewis Waite.....Weymouth. 65 Washington St.
1895 Peck, Albert Fred.....Spencer. Mechanic St.
1916 Peck, Martin William.....Lynn. 35 Cherry St.
1907 Peck, Roy Hamilton.....Springfield. 15 Temple St.
1907 Peirce, Bradford Hendrick.Cambridge. 1717 Cambridge St.
1899 Peirce, George Alphonso...Tewksbury. State Infirmary.
1889 Peirson, Edward Lawrence.Salem. 13 Barton Sq.
1908 Pelletier, Alfred George....Winchendon. 261 Central St.
1913 Pemberton, Frank Arthur..Boston. 128 Bay State Road.
1906 Penhallow, Dunlap Pearce..Boston. 46 Gloucester St.
1903 Penny, Herbert Thomas...Cliftondale (Saugus). 26 Jackson St.
1911 Penny, Mary McDermott...Cliftondale (Saugus). 26 Jackson St.
1914 Percy, Karlton Goodsell....Brookline. Office, Boston. 362 Commonwealth Av.
1914 Perkins, Franklin Haskins.Wrentham. State School.
1907 Perkins, Harry Bradford...Haverhill. 125 Main St.
1914 Perkins, Roy Stanley.....Lowell. 329 Westford St.
1907 Perkins, Thomas Tounge...Cliftondale (Saugus). 315 Lincoln Av.
1898 Perley, Roscoe Damon....Melrose. 63 West Emerson St.
1913 Perras, Louis Adélard.....New Bedford. 129 Ruth St.

1885 Perry, Arthur Pedro.....Jamaica Plain (Boston). Office, Boston. 419 Boylston St.
1911 Perry, Charles Eugene.....Haydenville (Williamsburg). Hampshire Co. Sanatorium.
1883 / 1891 Perry, George Lewis.....Athol. 304 Main St.
1913 Perry, Harold Edgar.....New Bedford. St. Luke's Hospital.
1896 Perry, Henry Joseph.....Brookline. Office, Boston. 45 Bay State Rd.
1891 Perry, Herbert Brainard...Northampton. 187 Main St.
1885 Perry, Martha †1913 Taunton. 68 Broadway.
1908 Perry, Sherman.....Tewksbury. State Infir'y.
1916 Persky, Myer Arthur.....Providence, R. I. 84 Orms St.
1913 Peter, Alphonse Joseph....Newburyport. 78 Middle St.
1892 Peterson, Charles Augustus Burton New Bedford. 90 Hillman St.
1913 Peterson, Hugo Oliver.....Worcester. 44 Pleasant St.
1901 Peterson, John Adna.....Hingham.
1909 Pettey, John Anderson.....Brockton. 63 Main St.
1914 Pettingill, Olin Sewall.....Hebron, Me.
1913 Phaneuf, Louis Eusèbe.....Boston. 514 Commonwealth Av.
1912 Phelan, Edward Francis...North Brookfield.
1892 Phelps, John Samuel.....Boston. 76 Commonwealth Av.
1907 Phelps, Olney Draper.....Worcester. 452 Main St.
1892 Phelps, Olney Windsor †1914 Warren. Maple St.
1910 Philbrick, Roscoe Hunter..East Northfield (Northfield).
1901 / 1915 Phillips, Charles Henry...Beverly. 376 Cabot St.
1907 Phillips, Wilson Frank....Dorchester (Boston). 138 Norfolk St.
1887 Phippen, Hardy.....Salem. 84 Washington Sq.
1904 Phippen, Walter Gray.....Salem. 31 Chestnut St.
1910 Phipps, Cadis.....Boston. 31 Mass. Av.
1880 Phipps, Walter Andros.....Wollaston (Quincy). 308 Safford St.
1896 Pickard, Isaiah Lovell.....Concord Junction (Concord).
1895 Pierce, Appleton Howe.....Leominster. 100 West St.
1887 Pierce, Frank Benneville..Haverhill. 132 Main St.
1898 Pierce, George Burgess.....Boston. P. O. Box 2633.
1882 Pierce, Matthew Vassar....Milton. Canton Av.
1886 / 1909 Pierce, Willard Henry..Bernardston. Office, Greenfield. 191 Main St.
1908 Pierce-Higgins, Eudora....Taunton. 175 High St.
1914 Pierson, Philip Hale.....San Francisco, Calif. 1721 Pacific St.
1886 Pigeon, James Cogswell Du Maresque Roxbury (Boston). 27 Elm Hill Av.
1905 Pike, Forrest Fay.....Melrose. 67 Wyoming Av.
1892 Pike, Forrest Wiley.....Portsmouth, N. H. 4 Pleasant St.
1901 / 1906 Pike, Winfred Carle.....Boston. 82 Huntington Av.
1916 Pillsbury, Arthur Russell..Wrentham. State Hosp.
1900 Pillsbury, Boyden Harlin..Lowell. 8 Merrimack St.
1897 Pillsbury, Ernest Dean....West Somerville (Somerville). 8 Curtis St.
1909 Pillsbury, Fitzroy Farnsworth Lowell. 9 Central St.
1870 Pillsbury, George Harlin..Lowell. 58 Central St.
1869 Pinkham, Joseph Gurney...Lynn. 64 Nahant St.
1895 Piper, Frank.....Boston. 39 Hancock St.
1910 Piper, Fred Smith.....Lexington, 20 Clarke St.
1885 Pitcher, Herbert Frank....Haverhill. 50 Merrimack St.
1912 Pitcher, Hervey Brackett..Leominster. 82 Main St.
1901 Pitta, Joao Carlos da Silva..New Bedford. 57 Allen St.
1907 Place, Edwin Hemphill....Boston. 745 Mass. Av.
1899 Place, Ralph Waldo.....Somerville. 165 Medford St.
1907 Playse, Linn Foss.....Hopkinton. 14 Church St.
1879 Plimpton, Lewis Henry....Norwood. 40 Walpole St.

1890 Plummer, Edward Maverick Charlestown (Boston). 5 Adams St.
1897 Plummer, Frank Joseph....Malden. 162 Ferry St.
1906 Plunkett, Harold Brabazon..Lowell. 9 Central St.
1907 Pofcher, Elias Harry.....Worcester. 60 Green St.
1887 Poirier, Emile.....Salem. 7 Harbor St.
1915 Poirier, George Henri.....Boston. 394 Marlboro' St.
1903 Poirier, Horace.....Salem. 173 Lafayette St.
1917 Pollock, Henry Meeker....Boston. Mass. Hom. Hosp.
1902 Pond, Bernard Wesley.....Boston. 180 Huntington Av.
1908 Pond, Lucius Beverly.....Easthampton. 113 Main St.
1886 Pope, Emily Frances.....Boston. 163 Newbury St.
1887 Pope, Frank Fletcher.....Ashby.
1911 Popoff, Constantine.....Haverhill. 50 Merrimack St.
1892 Porter, Charles Allen.....Boston. 116 Beacon St.
1916 Porter, Charles Terrell....Waltham. Office, Boston. 520 Commonwealth Av.
1873 / 1877 Porter, Frank Edward.. †1916 Auburndale (Newton). 409 Auburn St.
1903 Porter, Robert Brastow....North Easton (Easton). 4 Day St.
1870 Post, Abner.....Boston. 16 Newbury St.
1904 Pote, Leonard Holden.....West Somerville (Somerville). 334 Broadway.
1889 Pothier, Joseph Charles....New Bedford. 247 Fourth St.
1901 Potter, Alexander Carleton..Cambridge. Office Boston. 522 Commonwealth Av.
1896 Potter, Frances Wason.....Framingham. 11 Lexington Av.
1907 Potter, John Claude.....Framingham. 53 Concord St.
1899 Potter, Lester Forest.....New Bedford. 278 Union St.
1898 Potts, Joseph Henry.....Holyoke. 143 Chestnut St.
1908 Powell, Maud Agatha.....Laconia N. H.
1912 Power, George Aloysius....Worcester. 7 Vernon St.
1909 Powers, Edward Parnell...Roxbury (Boston). 1615 Tremont St.
1905 Powers, George Herman...Boston. 298 Marlboro' St.
1905 Powers, H. Hale.....Brookline. 68 Davis Av.
1916 Powers, William Joseph...Holyoke. 225 High St.
1910 Praino, Gaetano.....Boston. 39 Broadway Extension.
1868 Pratt, Calvin †1908 Bridgewater. South St.
1894 Pratt, Charles Augustus...New Bedford. 60 Orchard St.
1908 Pratt, David Damon.....New Bedford. 319 Union St.
1915 Pratt, Emily Adelaide.....Roxbury (Boston). 51 Moreland St.
1913 Pratt, Ezekiel.....Arlington. 374 Mass. Av.
1892 Pratt, John Washburn.....Dedham. St. Paul. Sq.
1898 Pratt, Joseph Hersey.....Boston. 317 Marlboro St.
1908 Pratt, Mason Ross.....Charlottesville, Va. Univ. Va. Hosp.
1884 Preble, Wallace.....Cambridge. 22 Appian Way.
1910 Preble, William Emerson...Boston. 416 Marlboro' St.
1908 Prenn, Joseph.....Roxbury. Office, Boston. 536 Commonwealth Av.
1867 Prescott, Charles Dudley †1915 New Bedford. 108 South Ash St.
1886 Prescott, William Herbert..Forest Hills (Boston). 330 Hyde Park Av.
1915 Price, Oscar Jay.....Somerville. 345 Highland Av.
1901 Priest, Herbert Bancroft...Ayer.
1907 Prince, Calvin Oliver.....Plymouth. 286 Court St.
1861 / 1896 Prince, James Perrott †1902 Durban, Natal. South Africa.
1879 Prince, Morton.....Boston. 458 Beacon St.
1881 Prior, Charles Edwin.....Malden. 1 Mountain Av.
1903 Pritchard, William Percival Fall River. 12 Hudner Bldg.
1896 Procter, Thomas Walter....Sandwich.
1891 Proctor, Francis Ingersoll..Wellesley. Office. Boston. 397 Marlboro' St.

1897 Proctor, John Donald.....Keene, N. H. 61 Winter St.
1898 Proctor, Joseph Whipple...Malden. 235 Clifton St.
1894 Proctor, Percy Clement....Gloucester. Office, Boston. 514 Commonwealth Av.
1907 Proctor, Thomas Melville..Wrentham. South St.
1916 Prouty, Ira Humphrey....Marblehead. 69 Pleasant St.
1900 Provandie, Paul Hector....Melrose Highlands (Melrose). 8 Ashland St.
1914 Provost, Raoul Gaston.....New Bedford. 126 Mill St.
1912 Pulsifer, Nathan.....Lowell. 40 Middlesex St.
1910 Pulsifer, Walter Hall.....Whitman. Bank Block.
1906 Purvis, Charles Burleigh †1910 Brookline. 1455 Beacon St.
1870 Putnam, James Jackson....Boston. 106 Marlboro' St.
1877 Putnam, Joseph Morrill....Chelsea. West Medford †1917 (Medford). 62 Austin St.
1902 Putnam, Ralph.....Winchester. 127 Main St.
1894 Putnam, Willard Abram...Cambridge. 9 Dana St.

Q

1886 Qua, Lester Robert.....Pepperell. Main St.
1890 Quackenboss, Alexander....Boston. 143 Newbury St.
1913 } Quennell, Willard Leslie { Tewksbury.
1917 } { State Infirmary.
1905 Quessey, Alfred Henry.....Fitchburg. 64 Prichard St.
1909 Quest, James Francis.....Boston. 176 Huntington Av.
1869 Quinby, Hosea Mason †1911 Worcester 656 Main St.
1903 Quinby, William Carter....Brookline. Office, Roxbury (Boston) P. B. Brigham Hospital.
1916 Quinn, James Henry.....Springfield. 300 Dickinson St.
1872 } Quint, Norman Perkins †1912 { West Medway (Medway).
1887 }

R

1898 Rabe, Edith Ruth Meek Boston. 481 Beacon St.
1914 Rabinovitz, Bernard.....Springfield. 1082 North St.
1912 Rackemann, Francis Minot. Milton. Office, Boston. 263 Beacon St.
1892 Raddin, Frederick Stocker. Chelsea. 448 Broadway.
1917 Rafferty, Thomas Bernard. Lynn. 130 So. Common St.
1892 Rand, John William.....Amesbury. 108 Main St.
1896 Rand, Richard Baxter.....North Abington. (Abington).
1897 Randall, Clifford Walcott..Worcester. 723 Main St.
1915 Rappoport, Boris.....Dorchester (Boston). 52 Hewins St.
1896 Rawson, George Wallace....Amherst. 27 Main St.
1907 Raymond, Charles Stanley. Waverley. Sch. Feeble-Minded.
1908 Raymond, Katharine Piatt. Wellesley. Wellesley College.
1904 Raymond, Loring Hay.....Somerville. 146 Highland Av.
1902 Raynes, Myrton Berry.....Melrose. 42 West Emerson St.
1899 Reagh, Arthur Lincoln.....West Roxbury (Boston). 39 Maple St.
1905 Reardon, Daniel Bartholomew Quincy. 22 School St.
1893 Reardon, Timothy Joseph..Boston. 76 Commonwealth Av.
1917 Record, Harold .....East Braintree (Braintree).
1896 Reddy, Joseph Warren.....South Boston (Boston). 211 K St.
1892 Redmond, James William..South Boston (Boston). 512 Broadway.
1907 Redmond, Thomas Henry..Lawrence. 256 Haverhill St.
1916 Reed, Beatrice Alma.....Taunton. State Hospital.
1917 Reed, Carlisle .....Boston. 155 Mass. Av.
1908 Reed, Laurence Bradford..Plymouth. 20 North St.
1898 Reed, Victor Augustus.....Methuen. Office, Lawrence. 477 Essex St.
1883 Reed, William Gilman.....Southbridge. Main St.
1910 Reese, John Arnold.....Attleborough. Office, Boston. 514 Commonwealth Av.
1916 Reeves, Marcellus.....Boston. 1069 Boylston St.
1913 Regan, James Joseph.....Dorchester (Boston). Office, Boston. 536 Commonwealth Av.
1912 Reggio, André William....Boston. 40 Fairfield St.
1907 Reid, Isadore Eugene Rosenstein Jamaica Plain (Boston). Office, Boston. 8 Beacon St.
1910 Reid, William Duncan.....Newton. 78 Waverley Av.
1900 Reilly, James Aloysius.....Dorchester (Boston). 1675 Dorchester Av.
1911 Reilly, Thomas Edward.....Marlborough. 6 Newton St.
1884 Reynolds, Edward.....Boston. 321 Dartmouth St.
1889 Reynolds, Henry Vose.....Brookline. 112 Salisbury Rd.
1913 Reynolds, Ralph Leavitte..Waterville, Me. 207 Main St.
1866 Rice, Albert Raymond †1906 Springfield. 36 Temple St.
1906 Rice, Allen Galpin.....Springfield. 42 Maple St.
1865 Rice, Austin Bradford †1898 Fiskdale (Sturbridge).
1917 Rice, Florence Frances....Cambridge. 19 Pleasant St.
1893 Rice, Frederick Winslow...Brighton (Boston). 16 Elko St.
1908 Rice, John Evarts.....Worcester. 390 Main St.
1903 Rice, Robert Astley.....Fitchburg. 2 Crescent St.
1896 Rice, Walter Henry.....Boston. 290 Newbury St.
1903 Rich, Charles Edwin.....Lynn. 56 Estes St.
1894 Richards, Caroline Maria..Cambridge. 21 Magazine St.
1913 Richards, Cyril Godfrey....Boston. Long Island Hospital.
1883 Richards, George Edward †1911 Boston. 11 Gloucester St.
1893 Richards, George Lyman...Fall River. 124 Franklin St.
1891 Richardson, Anna Gove....Boston. 483 Beacon St.
1903 Richardson, Charles Harper Pittsfield. 8 Bank Row.
1907 Richardson, Cheslie Alvah Clarence West Somerville (Somerville). 731 Broadway.
1908 Richardson, Edward Peirson Boston. 224 Beacon St.
1904 Richardson, Frank Linden..Boston. 543 Boylston St.
1906 Richardson, Horace Kimball Bradford, Me. Box 115.
1896 Richardson, Mark Wyman..Jamaica Plain (Boston). Office, Boston. 67 Milk St, Room 23.
1913 Richardson, Oscar.....Boston. 483 Beacon St.
1867 Richardson, William Lambert Boston. 225 Commonwealth Av.
1895 Richmond, Ernest Dalton..Reading. 24 Woburn St.
1898 Richmond, Simon.....Roxbury (Boston). 271 Humboldt Av.
1914 Riemer, Hugo Bruno Charles Norwood. Office, Boston. 20 Beacon St.
1911 Riggs, Austen Fox.....Stockbridge.
1910 Riley, Augustus.....Boston. 857 Beacon St.
1907 Riley, Charles Allen.....Allston (Boston). 1267 Commonwealth Av.
1900 Riley, Elizabeth Angela....Boston. 45 Bay State Rd.
1906 Riley, John Henry.....North Adams. 103 Main St
1898 Ring, Arthur Hallam.....Arlington Heights (Arlington).
1917 Riordan, Arthur Hatton...Indian Orchard (Springfield). 1621½ Main St.
1906 Riordan, Walter Daniel....Lawrence. 187 Newbury St.
1883 Ripley, Frederick Jerome..Brockton. 12 Cottage St.
1917 Ripley, Harold William...Boston. 82 E. Concord St.
1904 Ripley, Horace Greeley....Taunton. State Hospital.
1903 Ripley, William Littlefield. Brighton (Boston). 19 Oak Sq. Av.
1906 Risley, Edward Hammond. Boston. 520 Commonwealth Av.
1904 Ritter, Henry.....Springfield. 42 Main St.
1906 Roach, Alfred John.....Tewksbury. State Infirmary.

1915 Robb, Hunter.....Cambridge. 56 Brattle St.
1906 Robbins, Chandler.....Boston. 355 Marlboro St.
1880 Robbins, Elliott Daniels....Boston. 88 Tremont St.
1901 Robbins, Elmer Ellsworth..New Bedford. 101 School St.
1907 Robbins, Eugene Stanley...New Bedford. 17 South 6th St.
1891 Robbins, Fred Gibson.....Salem. Office, Boston. 129 Marlboro' St.
1906 Robbins, William Bradford.Boston. 355 Marlboro' St.
1897 Roberts, Frederick Alpha..Pittsfield. 230 North St.
1895 Roberts, Linneus Alton.....Dorchester (Boston). 699 Washington St.
1911 Robertson, Ewan Alexander Lowell. 295 Central St.
1914 Robertson, Jessie Wilhelmine Cambridge. 2253 Mass Av.
1895 Robey, William Henry, Jr...Boston. 202 Commonwealth Av.
1900 Roble, Alice Hathewsay Purvis Watertown. 102 Mt. Auburn St.
1898 Roble, Walter Franklin....Baldwinsville (Templeton). Pine Terrace Sanatorium.
1914 Robins, Samuel Alexander.Roxbury. 421 Warren St.
1914 Robinson, Henry Ashton...Marlborough. 18 Cotting Av.
1888 Robinson, Lucy Morton †1915 Brockton. 7 Main St.
1911 Robinson, Solomon.....Worcester. 141 Green St.
1890 Robinson, Thomas Johns...Taunton. 56 Broadway.
1893 Robinson, William Henry..Jamaica Plain (Boston). 409 South Huntington Av
1895 Robinson, William Perry...Haverhill. 1403 Broadway.
1883, 1898 Roche, Thomas Francis...Blackstone.
1908 Roche, Thomas Neil.....New Bedford. 279 County St.
1904 Rochette, Edward Charles..Worcester. 18 Portland St.
1915 Rochford, Grace Elizabeth.Roxbury (Boston). 61 Parker Hill Av.
1914 Rochford, Richard Augustine Springfield. 182 Chestnut St.
1901 Rockwell, Alfred Elijah Perkins Worcester. 248 Main St.
1901 Rockwell, Herbert George.Amherst. 25 Main St.
1917 Rockwell, John Arnold, Jr..Cambridge. 24 Garden St.
1912 Rockwell, Lucy Wetherbee Worcester. 2 King St.
1914 Roderick, Charles Elvin....Taunton. State Hospital.
1914 Rodger, James Yeams.....Lowell. Lowell Gen. Hosp.
1903 Rodrick, Albert Fowler....Fitchburg. 38 Prichard St.
1890 Rogers, Albert Edward.....Boston. 261 Beacon St.
1909 Rogers, Edmund Augustus.Brookline. 303 Tappan St.
1883 Rogers, Frank Alvin.....Everett. 534 Broadway.
1914 Rogers, John Andrews.....Nashua, N. H. 63 Main St.
1906 Rogers, Mark Homer.....Belmont. Office, Boston. 483 Beacon St.
1873 Rogers, Orville Forrest....Dorchester (Boston). 465 Washington St.
1914 Rogers, Orville Forrest, Jr..Dorchester (Boston). Office, New Haven, Conn. 90 High St.
1890 Rolfe, William Alfred.....Boston. 330 Dartmouth St.
1902 Rollins, Edwin Theodore...Jamaica Plain (Boston). 17 Gordon St.
1916 Roney, Hugh Beverly.....Pittsfield. 130 East Housatonic St.
1910 Rood, Adulphus Duncan...Whitman. 414 South Av.
1907 Rood, Luther Colby.....Dorchester (Boston). Office, Boston. 419 Boylston St.
1914 Root, Raymond Richmond.Georgetown. 34 East Main St.
1868 Root, Richmond Barbour...Georgetown. 24 North St. †1917
1917 Ross, Elizabeth .....Cambridge. 10 Chauncy St.
1902 Rose, William Henry.....Worcester. 13 Elm St.
1904 Rose, William Milton.....Cambridge. 230 Prospect St.
1910 Rosen, David William.....Boston. 321 Hanover St.
1911 Rosenau, Milton Joseph....Brookline. Office, Roxbury (Boston). 240 Longwood Av.
1907, 1910, 1914 Rosenbloom, Carl Webber. Holyoke. 245 Maple St.
1914 Rothblatt, Harry Lewis....Boston. 13 Allen St.
1907 Roughan, Charles Michael..Lowell. 29 Bridge St.
1885 Round, Arthur Morey.....Norton. Taunton Av.
1897 Rowley, William.....Lanesville (Gloucester). 1087 Washington St.
1906 Roy, Joseph Napoleon.....Webster. 38 Main St.
1895 Royal, Herbert Benjamin Harvard. Still River Rd.
1908, 1915 Rubin, Solomon Hyman...Roxbury (Boston). 582 Blue Hill Av.
1916 Ruble, Wells Allen.....Melrose. N.E. Sanatorium.
1868, 1891 Ruddick, William Henderson †1914 South Boston (Boston). 502 Broadway.
1913 Ruel, Joseph Adjutor.....Haverhill. 14 Main St.
1905 Rumrill, Samuel Dudley...Springfield. 346 Rimmon Av.
1892 Ruppel, Carl Emil Fraser..Lynn. 23 Nahant St.
1888 Ruppel, Myra Daniel.....Lynn. 23 Nahant St.
1906 Rushford, Edward Allan...Salem. 175 Lafayette St.
1908 Rushmore, Stephen.....Boston. 522 Commonwealth Av.
1898 Russell, Edward Ervin.....North Adams. 127 River St.
1906 Russell, Frederick James...Brandon, Vt. State Sch.
1899 Russell, Simon James.....Springfield. 154 Chestnut St.
1905 Russell, Walter Burton....Springfield. 796 State St.
1904 Ruston, Warren Dunn.....West Somerville (Somerville). 744 Broadway.
1886 Ryan, Dennis Matthew.....Ware. 38 Pleasant St.
1910 Ryan, Sylvester Edward...Springfield. 13 Hancock St.
1912 Ryan, William Francis.....Lowell. 219 Central St.
1913 Ryan, William Patrick.....Holyoke. 260 Maple St.
1914 Ryder, Bernadette McWeeny Boston. 483 Beacon St.
1906 Ryder, Delano Richmond...Fall River. 151 Rock St.
1901 Ryder George Hale.....Quincy. Office, Boston. 320 Commonwealth Av.
1882 Ryder, Godfrey.....Malden. 321 Pleasant St.
1914 Ryder, Walter Irenaeus....Boston. 483 Beacon St.

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1873 Sabine, George Krans.....Brookline. 30 Irving St.
1898 Sabine, Jane Downes Kelly.Boston. 348 Marlboro' St.
1911 Sadler, Roy Angelo.....Boston. 652 Mass. Av.
1915 Safford, Moses Victor.....Jamaica Plain (Boston). 15 Grovenor Rd.
1904 Safford, Wilber Pray.....Brockton. 52 Pleasant St.
1895 St. Clair, Austin Emery....Framingham. 63 Concord St.
1894 St. Denis, Joseph Nelson...Mattapan (Boston). 74 Blue Hill Av.
1893 St. Germain, Joseph Pierre. New Bedford. 13 South 6th St.
1898, 1917 St. Marie, Phillipe.....Taunton. 413 Bay St.
1912 Salles, John Murray.....New Bedford. 113 Grinnell St.
1916 Saltz, Sidney Myer.....Boston. 113 Chambers St.
1917 Salvin, Louis Wilton.....Roxbury (Boston). 558 Warren St.
1909 Sanborn, Byron.....Topsfield. Central St.
1876 Sanborn, Edwin Aaron †1915 Somerville. 24 Franklin St.
1902 Sanborn, George Phippen..Boston. 320 Commonwealth Av.
1897 Sanborn, John Wesley.....Roxbury (Boston). 168 Humboldt Av.
1881 Sanborn, Perley Lewis.....Marblehead. 79 Pleasant St.
1870 Sanders, Charles Barton †1909 Lowell. 475 Westford St.
1909 Sandler, Samuel.....Fall River. 298 Third St.
1904 Sanger, Guy Edward.....Arlington. 1026 Mass. Av.

1893 Sargent, Ara Nathaniel....Salem. 116 Federal St.
1889 Sargent, George Amory....Boston. 46 Hereford St.
1896 Sargent, George Bancroft..Lawrence. 51 Jackson St.
1907 Sargent, Oscar Franklyn Libbey Lawrence. 105 Exeter St.
1905 Sargent, Walter Leslie.....Quincy. 1155 Hancock St.
1913 Saunders, Edmund Louis...Brookline. Office, Boston. 46 Gloucester St.
1908 Savignac, Arthur Noël.....Amesbury. 80 Friend St.
1884 Sawin, Charles Dexter.....Somerville. 390 Broadway.
1892 Sawin, Robert Valentine...Brimfield.
1907 Sawyer, Alpha Reuben.....Roslindale (Boston). 6 Conway St.
1883 Sawyer, Edward Allen.....Gardner. 402 Elm St.
1901 Sawyer, Edward Keyes....Boston. 419 Boylston St.
1884 Sawyer, Elihu LeRoy.....Roslindale (Boston). 6 Conway St.
1891 Sawyer, Walter Fairbanks.Fitchburg. 67 Prichard St.
1888 Sayles, Joseph Borland....Taunton. 35 City Square.
1896 Scales, Robert Bass.....Dorchester (Boston). 546 Washington St.
1917 Scanlon, Joseph Michael...Lawrence. 301 Essex St.
1905 Scanlan, Thomas John.....Dorchester (Boston). Office, Boston. 543 Boylston St.
1903 Scannell, David Daniel.....Boston. 366 Commonwealth Av.
1916 Scarito, Nicholas Julius...Lawrence. 125 Haverhill St.
1912 Schadt, George Leonard....Springfield. 15 Edwards St.
1910 Schillander, Carl Axel.....Springfield. 293 Bridge St.
1910 Schirmer, Joseph Walter...Boston. 272 Newbury St.
1900 Schmidt, Frederick Sextus.Roxbury (Boston). 179 School St.
1906 Schmidt, Richard Diedrich.Dorchester (Boston). 16 River St.
1909 Schneider, Harry Albert...Pittsfield. 30 North St.
1898 Schneider, Jacob Philip....Palmer. 10 Thorndike St.
1905 Schofield, Otho Lester.....Wellesley Hills (Wellesley).
1915 Schofield, Roger William...Worcester. 771 Main St.
1900 Schorer, Cornelia Bernhardine Johanna Roxbury (Boston). 74 Fenwood Rd.
1879 Schwab, Emanuel.....Cincinnati, O. 2732 Woodburn Av.
1916 Schwartz, George Harvey..East Boston (Boston). 43 Princeton St.
1907 Schwartz, Myer.....Lawrence. 118 Franklin St.
1895 Scoboria, Arthur Gilmore..Chelmsford.
1885 Scofield, Walter W.....Dalton. Main St.
1910 Scott, George Henry.....Roxbury (Boston). 476 Warren St.
1915 Scott, Norman McLean....Boston. 536 Commonwealth Av.
1882 Scribner, Ernest Varian....Worcester. State Hospital.
1887 Scudder, Charles Locke....Boston. 209 Beacon St.
1884 Sears, George Gray.....Boston. 426 Beacon St.
1897 Sears, Harry Edward.....Beverly. 25 Broadway.
1887 Sears, Henry Francis.....Boston. 86 Beacon St.
1905 Seaver, Edwin Pliny, Jr....New Bedford. 179 William St.
1914 Seavey, Hollis Lester.....Cambridge. 1879 Mass. Av.
1917 Sedgley, Frank Robert.....West Roxbury (Boston). 19 Mt. Vernon St.
1889 Seelye, Ralph Holland.....Springfield. 73 Chestnut St.
1902 Seelye, Walter Clark.....Worcester. 390 Main St.
1915 Segall, Samuel Kelman....New Bedford. 1208 Acushnet Av.
1905 Segur, Willard Blossom....Enfield. Bridge St.
1917 Seibels, Robert Emmett....Springfield. 97 Chestnut St.
1908 Senesac, Archibald Napoleon New Bedford. 1007 South Water St.
1914 Sennott, John Ralph.....Cambridge. 321 Broadway.
1901 Sever, James Warren.....Cambridge. Office, Boston. 234 Marlboro' St.
1913 Sewall, Edgar Floyd.....Somerville. 281 Broadway.
1904 Seymour, Malcolm.....Boston. 362 Commonwealth Av.

1911 Shadman, Alonzo Jay.....West Roxbury (Boston). 1857 Center St.
1916 Shain, Arthur Irving.....Roxbury (Boston). 538 Warren St.
1881 Shanahan, John.....Peabody. 69 Main St.
1896 Shanahan, Thomas Joseph. Brookline. 155 Aspinwall Av.
1910 Shanahan, Timothy Joseph. Somerville. Office, Boston. 419 Boylston St.
1915 Shanks, Charles.....New Bedford. 645 Kempton St.
1913 Shannahan, Richard Joseph Worcester. 925 Main St.
1894 Shannon, Nat Vaughan....Cambridge. 891 Mass. Av.
1915 Shapira, Albert Abraham..Boston. 583 Beacon St.
1914 Shapira, Victor Isaiah.....Dorchester (Boston). Office, Boston. 160 Huntington Av.
1891 Shatswell, James Arthur...Beverly. 9 Endicott St.
1895 Shattuck, Albert Milo.....Worcester. 21 High St.
1873 Shattuck, Frederick Cheever Boston. 135 Marlboro' St.
1873 Shattuck, George Brune....Boston. 183 Beacon St.
1908 Shattuck, George Cheever..Boston. 205 Beacon St.
1907 Shaw, Adam Ernest.....Lowell. 137 Merrimack St.
1893 Shaw, Albert Joel.....Boston. 79 Mountfort St.
1893 Shaw, Arthur John.....Boston. 551 Boylston St.
1915 Shaw, Francis.....Somerville. 57 Cross St.
1904 Shaw, John Port.....Brockton. 6 North Main St.
1909 Shaw, John William.....Newburyport. 7 Orange St.
1897 Shaw, Thomas Bond.....Worcester. 24 Oxford St.
1877 Shaw, Thomas Pierpont †1909 Lowell. 110 Eighteenth St.
1908 Shay, Charles Edwin.....Roxbury (Boston). 136 Warren St.
1895 Shay, Thomas Maguire.....Roxbury (Boston). 88 Warren St.
1897 Shea, John Joseph.....San Diego, Calif. 2417 "M" St.
1906 Shea, Michael Ignatius.....Chicopee Falls (Chicopee). 112 Belcher St.
1902 } Shea, Peter Owen.....Worcester. 106 Millbury St.
1912 }
1909 Sheahan, George Maurice..Quincy. 12 School St.
1916 Sheehan, Edward Bernard.Roxbury (Boston). Office, Boston. 520 Beacon St.
1897 Sheehan, Martin David....Stoneham. 34 Pleasant St.
1893 Sheehan, William Joseph...Salem. 146 Federal St.
1905 Sheehan, William Joseph...South Boston (Boston). 355 West 4th. St.
1876 Sheldon, Chauncey Coolidge Lynn. 73 North Common St.
1912 Sheldon, Russell Firth.....Boston. 31 Pinckney St.
1912 Shepherd, William Gordon. Ontario, Canada.
1911 Sheppard, Philip Albert Edward Dorchester (Boston). Office, Boston. 419 Boylston St.
1904 Sherburne, Andrew Edward Dorchester (Boston). 46 Brent St.
1913 Sheridan, Philip Edward Anthony South Boston (Boston). 580 Broadway.
1882 Sherman, Frank Morton....West Newton (Newton). 11 Fairview Ter.
1894 Sherman, Mary Hastings...Brookfield.
1907 Sherman, Warren Hunter..Westford.
1914 Shields, Ellwood Emlen....Annisquam (Gloucester). 39 Leonard St.
1917 Shields, Warren Sylvester. Boston. 106 E. Brookline St.
1916 Shine, Honoria Kennelly..Holyoke. 78 Nonotuck St.
1916 Shinn, Philip Allen.....Gloucester. 123 Main St.
1910 Shoemaker, Amzi Bedell...North Attleborough. 123 Commonwealth Av.
1906 } Shohan, Joseph.....{ Boston.
1916 } { 366 Commonwealth Av.
1905 Shoninger, Lee Simon.....New York, N. Y. 41 West 55th St.
1894 Shores, Harvey Towle.....Northampton. 78 Main St.
1869 Shreve, Octavius Barrell †1906 Salem. 29 Chestnut St.

1897 Shultis, Frederick Charles..Leominster. 20 Main St.
1908 Sibley, Benjamin Ernest...Brookline. 1595 Beacon St.
1916 Silberman, Maurice..... Revere. 113 Shirley Av.
1896 Silva, Francis Pierce.....Charlestown (Boston). 206 Main St.
1916 Silver, Louis Serebriany..Malden. 230 Bryant St.
1901 Simmons, Channing Chamberlain Boston. 317 Marlboro' St.
1914 Simmons, Edward Burnside.Worcester. 900 Main St.
1905 Simmons, Fred Albert.....Brockton. 63 Main St.
1903 Simmons, Hannah Coralynn Worcester. 900 Main St.
1914 Simmons, Ralph Hayward..Fall River. Union Hospital.
1912 Simon, Arthur Leslie.....Lawrence. 24 Buswell St.
1917 Simon, Harold Francis....Winchester. 69 Church St.
1915 Simonds, Frederick Artemas Cambridge. 1311 Mass. Av.
1885 Simpson, Charles Edward..Lowell. 9 Central St.
1890 Simpson, James Edwin.....Salem. 26 Chestnut St.
1903 Sims, Frederick Robertson. Melrose. 79 West Foster St.
1905 Sinclitico, Guiseppe.....Lawrence. 3 Jackson Ter.
1903 Sise, Lincoln Fleetford.....Medford. Office, Boston. 69 Newbury St.
1896 Siskind, Alexander Louis...Lawrence. 272 Broadway.
1913 Sisson, Mitchell.....East Boston (Boston). 26 Princeton St.
1917 Sisson, Walter Richard....Boston. 270 Bay State Rd.
1863 Skinner, Edward Manning †1903 Boston. 586 Mass. Av.
1915 Skirball, Louis Irving.....Revere. 146 Shirley Av.
1917 Skirball, Joseph Jacob....Revere. 146 Shirley Av.
1904 Slack, Francis Hervey.....Brookline. 227 Summit Av.
1913 Slattery, John Richard....South Boston (Boston). Office, Boston. 520 Beacon St.
1905 Sleeper, Frank Warren....Dorchester (Boston). 41 Virginia St.
1906 Slutskin, Maurice Louis....Springfield. 120 Main St.
1900 Small, Albert Ernest.....Melrose. 90 West Emerson St.
1908 Smalley, Fred Lyman.....Reading. 36 Woburn St.
1915 Smillie, Wilson George.....Cambridge. Office, Roxbury. 240 Longwood Av.
1898 Smith, Alfred Charles.....Brockton. 47 W. Elm St.
1893 Smith, Charles Morton.....Boston. 437 Marlboro' St.
1900 Smith, Charlotte Stewartson Manchester, N. H. 46 Hanover St.
1916 Smith, Chiron Waterville..Marlborough. 38 West Main St.
1914 Smith, Conrad.....Boston. 143 Newbury St.
1901 Smith, Edward Shepard....Westfield. 3 Court St.
1916 Smith, Edwin Eugene.....Quincy. 899 Hancock St.
1912 Smith, Edwin Wallace.....Boston. 19 Bay State Rd.
1915 Smith, Ernest Elmer.....Webster. 7 Whitcomb St.
1902 Smith, Forster Hanson.....Lowell. 832 Merrimack St.
1900 Smith, Frank Herbert.....Hadley.
1894 Smith, Frank Simpson.....Pittsburg, Pa. 5217 Baum Boulevard.
1895 Smith, Fred Stevens.....North Andover. 5 Third St.
1894 Smith, Frederick Glaxier..Somerville. 145 Highland Av.
1882 Smith, George Carroll.....Boston. 483 Beacon St.
1910 Smith, George Gilbert.....Boston. 99 Commonwealth Av.
1903 Smith, Hervey Lewis.....Springfield. 249 Union St.
1885 1892 Smith, Hiram Fred Markley Orange. 155 South Main St.
1901 Smith, Howard Harry.....Boston. 845 Boylston St.
1906 Smith, John Hall.....Cambridge. Office, Boston. 657 Boylston St.
1910 Smith, John Jay.....Cambridge. 16 Pleasant St.
1917 Smith, Lillian Richardson..Worcester. Belmont Hosp.
1887 Smith, Mary Almira.....Boston. 33 Newbury St.
1889 Smith, Murdoch Campbell..Lynn. 3 Lee Hall.
1906 Smith, Myrtle.....Shrewsbury.
1897 Smith, Peter Matthew.....Boston. 758 Tremont St.
1917 Smith-Petersen, Marius Nygaard Boston. 166 Newbury St.
1908 Smith, Richard Mason.....Boston. 329 Beacon St.
1874 Smith, Samuel Finley.....Indian Orchard (Springfield). 97 Myrtle Av.
1906 Smith, Stafford Baker.....New York, N. Y. 100 West 87th St.
1894 Smith, Thomas Burke.....Lowell. 107 Merrimack St.
1884 Smith, Walter Anson.....Springfield. 185 State St.
1914 Smith, William David.....Gardner. Office, Boston. 99 Commonwealth Av.
1898 Smith, William Henry.....Brookline. Office, Boston. 8 Marlboro' St.
1891 Smith, William Lord.....North Grafton (Grafton). Office, Boston. 2 Newbury St.
1894 Smithwick, Marsena Parker Lexington. Office, Boston. 483 Beacon St.
1902 Smyser, Charles James....New Wilmington, Pa.
1911 Smyth, Duncan Campbell..Brookline. Office, Boston. 127 Newbury St.
1905 Smyth, Patrick Somers....Brookline. Office, Boston. 69 Newbury St.
1903 Snow, Frank Whipple.....Newburyport. 24 Essex St.
1899 Snow, Frederick Stedman..Roxbury (Boston). 151 Townsend St.
1908 Sobotky, Irving.....Boston. 636 Beacon St.
1915 Solomon, Harry Caesar....Jamaica Plain (Boston). Office, Boston. 520 Beacon St.
1876 Somers, John Edward.....Cambridge. 1979 Mass. Av.
1894 Sopher, Curtis Levi.....Wakefield. 6 Avon St.
1897 Soule, Horace John.....Winthrop. 180 Winthrop St.
1904 Southard, Elmer Ernest...Cambridge. Office, Roxbury (Boston). 240 Longwood Av.
1904 Southard, Mabel Austin....Cambridge. 70 Francis Av.
1900 Soutter, Robert.....Boston. 133 Newbury St.
1917 Sowles, Horace Kennedy...Boston. Mass. Gen. Hosp.
1904 Spaid, Charles Jacob.....Springfield. 344 Belmont Av.
1897 Spalding, Fred Maurice....Brookline. Office, Boston. 89 Huntington Av.
1903 Spalding, Roger.....Duxbury. Washington St.
1884 Sparhawk, Clement Willis..Danvers. 148 Locust St.
1914 Sparks, Ernest Elliot.....Cochituate (Framingham). Main St.
1910 Sparrow, Charles Atsatt..Worcester. 744 Main St.
1910 Spaulding, Edith Rogers...Framingham. P. O. Box 99.
1911 Spaulding, John Dolliver Boston. 780 Beacon St.
1907 Spear, Louis Mahlon.....Brookline. Office, Boston. 483 Beacon St.
1915 Spinney, Frederic Ira.....Boston. 4 Columbus Sq.
1909 Spooner, Lesley Hinckley..Hingham. Main St.
1865 Sprague, Francis Peleg.....Boston. 229 Commonwealth Av.
1873 1891 Sprague, Rufus William Charlestown (Boston). 376 Main St.
1913 Sprague, Russell Bradford. Boston. 522 Commonwealth Av.
1904 Sproull, John.....Haverhill. 50 Merrimack St.
1879 Squier, Angelo Orin.....Springfield. 293 Bridge St.
1892 Stacey, Charles Franklin...Boston. 456 Audubon Rd.
1902 Stack, Charles Francis.....Hyde Park (Boston). 1315 River St.
1908 Stack, John Joseph.....Boston. 640 Huntington Av.
1913 Stafford, Frank Dalmon....North Adams. 56 Summer St.
1907 1917 Stammers, Joseph Collins New York, N. Y. 117 W. 79th St.
1880 Standish, Myles.....Boston. 72 St. James Av.
1909 Stanley, Francis Guy.....Beverly. 144 Cabot St.
1895 Stanley, Josiah Murch.....Northborough. Main St.
1907 Stansfield, Clarence Winfield Fall River. 1274 North Main St.
1915 Stansfield, Oliver Holt.....Worcester. 28 Pleasant St.
1908 Stanton, Joseph.....Brighton (Boston). Office, Boston. 520 Beacon St.

1908 Stanwood, Frederic Arthur. Wellesley Hills (Wellesley). 342 Washington St.
1905 Staples, Clarence Hathorne Malden. 339 Pleasant St.
1893 Stapleton, Richard Henry.. Worcester. 146 Franklin St.
1893 Starbird, Edward Perley... Dorchester (Boston). 9 Monadnock St.
1910 Stearns, Albert Warren.... Billerica. Office, Boston. 520 Commonwealth Av.
1903 Stearns, Robert Thomas... Mattapan (Boston). 24 Hazelton St.
1868 Stebbins, George Stanford †1905 Springfield. 17 Maple St.
1874 Stedman, George..... Boston. 1069 Boylston St.
1874 Stedman, Henry Rust..... Brookline. Office, Boston. 48 Beacon St.
1892 Stedman, Joseph Cyrus.... Jamaica Plain (Boston). 7 Lakeville Pl.
1901 Steele, Albert Edward..... Roslindale (Boston). 61 Robert St.
1916 Steele, George Louis..... West Springfield. 16 Boulevard St.
1913 Steeves, Ernest Colpitt..... Essex. Main St.
1907 Stephens, Frederick Newton Somerville. Office, Boston. 527 Beacon St.
1883 Stephenson, Franklin Bache †1913 U. S. Navy (retired). Claremont, Calif. 425 Harvard Av.
1914 Sternberg, Joseph Edward.. Roxbury (Boston). Office, Boston. 100 Boylston St.
1898 Stetson, Frank Eliot..... New Bedford. 334 Union St.
1898 Stetson, Frederick Winslow. Roxbury (Boston). 504 Warren St.
1896 Stetson, Halbert Greenleaf. Greenfield. 17½ Federal St.
1869 Stevens, Andrew Jackson Malden. 599 Main St.
1894 Stevens, Charles Benjamin. Worcester. 61 Pearl St.
1868 Stevens, Edmund Horace... Cambridge. 1911 Mass. Av.
1874 Stevens, George Beckwith †1911 Dorchester (Boston). 346 Seaver St.
1906 Stevens, Harold Elmer Ellsworth Lewiston, Me. 671 Main St.
1897 Stevens, Henry Burt..... West Roxbury (Boston). Office, Boston. 419 Boylston St.
1891 Stevens, Henry Lawrence.. New Bedford. 129 Purchase St.
1908 Stevens, Horace Paine..... Cambridge. 1 Waterhouse St.
1899 Stevens, Ralph Emerson... Marlborough. 133 West Main St.
1897 Stevens, Sara Elmina..... West Roxbury (Boston). 31 Linnet St.
1886 Stevens, Seriah..... Roslindale (Boston). 942 South St.
1915 Stevens, William Russell... Abington. 64 Center Av.
1914 Stevenson, Effie Allyne.... Stamford, Conn. Stamford Hall.
1904 Stevenson, Willis Mack.... North Easton (Easton). Lincoln St.
1909 Stewart, Ralph Carroll.... Lowell. 408 Middlesex St.
1909 Stewart, Vernon Champney Woburn. 16 Summer St.
1903 Stick, Henry Louis..... Baldwinsville (Templeton).
1881 Stickney, Clifford Webster. Holden. Main St.
1892 Stickney, Edwin Pangman. Arlington. 58 Pleasant St.
1884 Stickney, George Augustus. Beverly. 205 Cabot St.
1891 Stiles, Fred Merritt..... Waltham. 292 Moody St.
1908 Still, Carroll Wilder..... Haverhill. 156 Main St.
1880 Stimson, John Woodbury.. Fitchburg. 101 Prichard St.
1899 Stockwell, Herbert Emmons Stockbridge. Main St.
1899 Stoddard, Mortimer Joseph. Springfield. 106 Bay St.
1914 Stokes, Leroy Tyler..... Haverhill. 355 Washington St.
1887 Stone, Arthur Kingsbury... Framingham Center. Auburn St.
1893 Stone, Byron..... North Oxford (Oxford).
1886 Stone, Frank Ellsworth.... Lynn. 92 So. Common St
1910 Stone, George Henry..... Roxbury (Boston). P. B. Brigham Hospital.
1914 Stone, Henry Edward..... Dorchester (Boston). 41 Fowler St.
1894 Stone, James Savage..... Boston. 234 Marlboro' St.
1912 Stone, Jane Gray..... Jamaica Plain (Boston). 821 Center St.
1854 Stone, Lincoln Ripley †1907 Newton. 131 Vernon St.
1896 Stone, Moses Cornelius †1908 Wellesley. 18 Belair St.
1905 Stone, Ralph Edgarton..... Beverly. 360 Cabot St.
1909 Stone, Thomas Newcomb.. Haverhill. 28 White St.
1905 Stoneman, Edgar Amos.... Springfield. 14 Clinton St.
1888 Storer, Malcolm..... Boston. 476 Boylston St.
1906 Storrs, Henry Randolph.... Vancouver, B. C. 850 Hastings St. W.
1891 Stowell, Edmund Channing. Marlborough, N. H.
1903 Stowell, Frank Edgar..... Worcester. 19 Elm St.
1895 Stowell, Joab..... North Amherst (Amherst).
1892 Stowell, Sarah Russell..... Marlborough, N. H.
1902 Stratton, Ralph Ricker.... Melrose. 654 Main St.
1904 Street, Charles Edward.... Springfield. 2 Maple St.
1900 Street, Lionel Alexander Burnet Shanghai, China. 15 Wanghoo Road.
1914 Streeter, Edward Clark.... Boston. 280 Beacon St.
1905 Streeter, John Frank..... Springfield. 55 Walnut St.
1917 Streeter, Howard Alvertus Pittsfield. 740 Dalton Av.
1913 Strong, Richard Pearson... Office, Roxbury. 240 Longwood Av.
1915 Strong, Seth Lake..... Marshfield Hills (Marshfield). Summer St. Office, Boston. 228 Newbury St.
1886 Stuart, Frederic William.. South Boston (Boston). Boston. 236 Clarendon St.
1880 / 1890 Stuart, James Henry..... †1917 Boston. 236 Clarendon St.
1898 Stubbs, Frank Raymond... Newton. 510 Center St.
1898 Sturgis, Benjamin Franklin, Jr. Salem. 28 Pleasant St.
1896 Sturgis, Walter Horatio Wakeman Allerton (Hull).
1905 Sturnick, Max..... Dorchester (Boston). 12 Columbia Rd.
1892 Stutson, William Peckham †1915 Cummington. Main St.
1899 Sughrue, Dennis Francis... Roxbury (Boston). 430 Dudley St.
1911 Suitor, Henry Albert..... South Deerfield (Deerfield). Graves Av.
1910 Sullivan, Andrew Joseph... Brockton. 155 Main St.
1907 Sullivan, Charles Brent.... Boston. 520 Beacon St.
1906 Sullivan, Cornelius Augustine South Braintree (Braintree). 835 Washington St.
1903 / 1914 Sullivan, Edward Coppinger Springfield. 317 Main St.
1915 Sullivan, Elizabeth Ann... Framingham. Reformatory for Women.
1916 Sullivan, Eulick Francis... Holyoke. 115 Suffolk St.
1903 Sullivan, Florence Augustine Haverhill. 42 White St.
1914 Sullivan, Francis Augustus. Cambridge. 376 Cambridge St.
1883 Sullivan, James Edmund... Providence, R. I. 254 Wayland Av.
1915 Sullivan, John Albert..... Pittsfield. 72 Summer St.
1901 Sullivan, John Joseph..... Dorchester (Boston). 93 Bowdoin St.
1906 / 1916 Sullivan, John Joseph.... Lawrence. 301 Essex St.
1907 Sullivan, John Thomas.... Dorchester (Boston). Office, Boston. 520 Beacon St.
1913 Sullivan, Joseph Cornelius. Springfield. Mercy Hosp.
1905 Sullivan, Joseph Lawrence. Roxbury (Boston). 89 Waverley St.
1913 Sullivan, Leo Jeremiah..... Fall River. 379 Whipple St.
1909 Sullivan, Martin George... Winchendon. 216 Central St.
1891 Sullivan, Michael Francis.. Lawrence. 15 Pine St.

1913 Sullivan, Patrick Joseph...Dalton. 10 Carson Av.
1889 Sullivan, William Joseph...Lawrence. 267 Essex St.
1901 Sumner, Harry Herbert....Lowell 4 Merrimack Sq.
1896 Sumner, Philip Sosnoski...Boston. 28 Westland Av.
1917 Sundelöff, Ester Mathilda Eleonora Roxbury (Boston). 88 Moreland St.
1910 Supple, Edward Augustine. Boston. 409 Marlboro' St.
1917 Swaim, Loring Tiffany....Cambridge. 8 Coolidge Hill Road.
1900 Swain, Howard Townsend..Boston. 226 Commonwealth Av.
1865 Swan, Charles Walter †1903 Brandford, Conn. 19 Elm St.
1908 Swan, Lawrence Clarke....Beverly. 23 Bow St.
1882 Swan, Roscoe Wesley.....Worcester. 4 Harvard St.
1885 Swan, William Donnison...Cambridge. 167 Brattle St.
1891 Swasey, Edward.....Worcester 390 Main St.
1863 Swasey, Oscar Fitzallan †1900 Beverly. 24 Hale St.
1912 Sweeney, Bartholomew Philip Leominster. 30 Water St.
1911 Sweeney, Michael Thomas..Atlantic (Quincy). 365 Hancock St.
1895 Sweet, Frederick Benoni...Springfield. 81 Chestnut St.
1893 Sweetsir, Charles Leslie...Lowell. 276 Westford St.
1889 Sweetsir, Frederick Ellsworth Merrimac. 21 Main St.
1907 Swift, Edith Hale.....Boston. 110 Bay State Road.
1901 Swift, Henry Marshall....Portland, Me. 30 Deering St.
1910 Swift, John Baker.....Boston. 419 Beacon St.
1907 Swift, Walter Babcock....Boston. 110 Bay State Road.
1905 Sylvester, Albie Warren...Pittsfield. 150 North St.
1901 Sylvester, Charles Porter..Hull. Office, Boston. 400 Audubon Road.
1914 Sylvester, Nathan Rowland, Jr. West Somerville (Somerville). 1121 Broadway.
1907 Sylvester, Philip Haskell..Newton Center (Newton). 866 Beacon St.
1893 Sylvester, William Hillman.Natick. 6 Clarendon St.
1900 Symonds, Alice Gertrude..Haverhill. 175 Main St.
1893 Synan, William Edward...Fall River. 620 William St.

T

1902 } Tabor, Edward Orlando..Lowell. 18 Shattuck St.
1915 }
1897 Taft, Albert Atherton.....Keene, N. H. 56 Court St.
1906 Talbot, Fritz Bradley.....Boston. 311 Beacon St.
1915 Talbot, John Edward.....Worcester. 28 Pleasant St.
1883 Tallman, Augustus Littlefield East Boston (Boston). 9 Princeton St.
1916 Tate, Harry John.....Pittsfield. House of Mercy Hosp.
1915 Taveira, Arthur Joaquim..New Bedford. 1565 Acushnet Av.
1894 Taylor, Edward Wyllys....Boston. 457 Marlboro' St.
1903 Taylor, Erwin Hartwell...Pittsfield. 316 North St.
1882 Taylor, Frederic Weston...Cambridge. 1735 Mass. Av.
1901 Taylor, Frederick Leon....Roxbury (Boston). 45 Center St.
1893 Taylor, George Lyman.....Holyoke. 247 Maple St.
1900 Taylor, James, Jr.....Worcester. 49 Pearl St.
1900 } Taylor, John Danforth... { East Boston (Boston).
1916 } { 31 Princeton St.
1909 Taylor, Roy Arnold.....Waltham. 266 Moody St.
1908 Taylor, Walter.....Florence (Northampton). 70 Maple St.
1909 Tedford, Ada Helena.....Woburn. 51 Pleasant St.
1880 Temple, William Franklin..Boston. 377 Beacon St.
1913 Temple, William Franklin, Jr. Boston. 377 Beacon St.
1914 Ten Broeck, Carl.....Princeton, N. J. Rockefeller Institute.
1893 Ten Broeck, Stanton Jacob.Orange. 15 Grove St.
1891 Tenney, Benjamin.....Boston. 308 Marlboro' St.
1886 Tenney, John Arthur.....Boston. 151 Huntington Av.
1894 Tenney, William Northend.Canton. 756 Washington St.
1913 Tennis, Matthew Nicholas..Fall River. Union Hosp.
1892 Thayer, Eugene.....Roxbury (Boston). Office, Boston. 419 Boylston St.
1901 Thayer, Hartley Wales.....Newtonville (Newton). 355 Walnut St.
1914 Thom, Douglas Armour....Worcester. Grafton State Hospital.
1911 Thomas, Charles Holt.....Cambridge. 1718 Mass Av.
1912 Thomas, Elmer Ellsworth..Northampton. 160 Main St.
1889 Thomas, John Jenks.....Boston. 88 Bay State Rd.
1911 Thomas, William Kilpack Smith Cambridge. 1718 Mass. Av.
1897 Thomes, John Blanchard..Pittsfield. 86 North St.
1914 Thompson, Charles Arthur.Newton Highlands (Newton). 1099 Walnut St.
1903 Thompson, Charles Edward.East Gardner (Gardner). State Colony.
1891 Thompson, Charles Oscar..Boston. 589 Beacon St.
1870 Thompson, Frederick Henry Fitchburg. 3 Pleasant St.
1904 Thompson, Frederick Henry, Jr. Fitchburg. 168 Prichard St.
1906 Thompson, George Hocken.North Adams. 18 Ashland St.
1917 Thompson, Herbert Ellery..Worcester. State Hosp.
1915 Thompson, John Stephen..Cambridge. 1525 Cambridge St.
1898 Thompson, Peter Hunter...Boston. 308 Commonwealth Av.
1899 Thompson, Richard Henry.Malden. 82 Summer St.
1916 Thompson, William James.Hathorne (Danvers). State Hospital.
1899 Thorn, Edwin Cyrus.....Deerfield.
1887 Thorndike, Augustus.....Boston. 601 Beacon St.
1887 Thorndike, Paul.....Boston. 24 Marlboro' St.
1903 Thorndike, Townsend William Boston. 20 Newbury St.
1893 Thorn'on, James Brown...Boston. 168 Huntington Av.
1907 Thurber, Madison Templeton Dorchester (Boston). 91 Savin Hill Av.
1915 Tiani, Bernardo.....Lawrence. 88 A. Lawrence St.
1915 Tibbetts, Guy Daniel.....Bennington, N. H.
1890 Tibbetts, James Thomas...Mineola, N. Y.
1890 } Tigh, Frederick.....Newburyport. 140 High St.
1904 }
1908 Tighe, Michael Aloysius....Lowell. 9 Central St.
1899 Tilden, Irving Niles.....Mattapoisett. Barstow St.
1913 Tilton, Earle Edward.....Newton. Office, Boston. 483 Beacon St.
1892 Tilton, Frank Herbert.....East Boston (Boston). 15 Princeton St.
1882 Tilton, Josiah Odin.....Lexington.
1911 Timmins, Edward Francis. South Boston (Boston). 527 Broadway.
1901 Tingley, Louisa Paine.....Boston. 9 Mass. Av.
1906 Tinkham, Oliver Goldsmith Brighton (Boston). Office, Boston. 527 Beacon St.
1893 Tirrell, Vinson Meader.....South Weymouth (Weymouth).
1881 Titcomb, George Eugene...Concord. 7 Sudbury St.
1912 Titus, Raymond Stanton...Boston. 355 Marlboro' St.
1880 Tobey, George Loring.....Clinton. 205 Church St.
1907 Tobey, George Loring, Jr...Boston. 416 Marlboro' St.
1916 Tobey, Harold Grant Boston. 416 Marlboro' St.
1886 Tolman, Julia.....Arlington. 695 Mass. Av.
1913 Tomkies, James Scott.....Dallas, Texas. St. Paul Sanatorium.
1906 Toohey, Thomas Victor.....Brookline. Office, Roxbury (Boston). 129 St. Alphonsus St.
1911 Toppan, Roland Lesley...Newburyport. 148 High St.
1904 Torbert, James Rockwell...Roston. 252 Marlboro' St.
1914 Torney, George Henry.....Brookline. Bournewood Hospital.

1913 Torrey, Arthur Stanley....Gloucester. 164 East Main St.
1872 Torrey, Samuel William †1909 Beverly. 108 Cabot St.
1905 Tower, Freeman Augustus. Derry, N. H.
1914 Towle, Clarence Clarke....Somerville. 24 Prospect Hill Av.
1908 Towle, Edwin Dudley.....Salem. 2 Mason St.
1917 Towle, Fred Scates.....Portsmouth, N. H. 350 State St.
1891 Towle, Harvey Parker.....Boston. 453 Marlboro' St.
1877 Towle, Henry Charles.....Dorchester (Boston). 1428 Dorchester Av.
1915 Towne, Edward Bancroft..Roxbury (Boston). P. B. Brigham Hospital.
1885 Townsend, Charles Wendell Boston. 76 Marlboro' St.
1901 Townsend, David.....River Glade, N. B.
1901 Tozier, Charles Herman...Winchester. Office, Boston. 100 Boylston St.
1891 Tracy, Edward Aloysius....South Boston (Boston). 489 Broadway.
1905 Tracy, John Matthew.....Springfield. 166 Chestnut St.
1910 Tracy, William Leighton...Pittsfield. 8 Bank Row.
1901 Trainor, John Brett.....Fall River. 1515 South Main St.
1906 Trainor, Joseph Aloysius...Cambridge. 103 Belmont St.
1917 Trask, Henry Wallis.....West Boylston.
1906 Trask, John Wilson.....Lynn. 171 Lewis St.
1906 Trayes, William Henry, Jr..Boston. 511 Mass. Av.
1894 Treanor, John Peter.....Dorchester (Boston). 3 Howes St.
1912 Tripp, Edwin Prescott.....Falmouth. Locust St.
1897 Tripp, George Alston.....Worcester 477 Cambridge St.
1885 Trowbridge, Edward Henry Worcester. 28 Pleasant St.
1893 Trueman, Harmon Silas...Somerville. 145 Sumner St.
1915 Trueman, Nelson Gore.....Hathorne (Danvers). State Hospital.
1903 Truesdale, Philemon Edwards Fall River. 151 Rock St.
1915 Trull, Alfred Chase.....Haverhill. 48 White St.
1868 Trull, Washington Benson †1912 Boston. 18 West Cedar St.
1909 Tryon, Geneva.....Cambridge. 7 Oxford St.
1906 Tucker, Arthur Wallace....Lynn. 285 Western Av.
1908 Tucker, George Everett....Salem. 86 Federal St.
1894 Tucker, Samuel Chase.....Peabody. 16 Chestnut St.
1911 Tuholski, David Benjamin..Brockton. 105 Main St.
1891 Tully, Edward Joseph.....Fitchburg. 98 Prichard St.
1875 Tupper, Augustus Maclauchlan Rockport. Main St.
1914 Turetsky, William Leo.....Dorchester (Boston). 1071 Blue Hill Av.
1912 Turnbull, John Archibald Allston (Boston). 84 Harvard Av.
1907 Turner, Charles Sampson..Providence, R. I. 532 Prairie Av.
1910 Turner, William Kenneth..New Bedford. 1105 Acushnet Av.
1887 Tuttle, Albert Henry.....Cambridge. Office, Boston. 1083 Boylston St.
1879 Tuttle, George Thomas....Waverley (Belmont). McLean Hospital.
1885 Twitchell, Edward Thayer.Dorchester (Boston). 25 Alban St.
1882 Twitchell, George Pierce...Greenfield. 17½ Federal St.
1886 Twombly, Edward Lambert Boston. 416 Marlboro' St.
1905 Tyler, Winsor Marrett.....Lexington. 454 Mass. Av.
1910 Tynan, Joseph Patrick.....South Boston (Boston). 529 Broadway.
1904 Tyrode, Maurice Paul Octave Véjux Boston. 416 Marlboro' St.
1906 Tyzzer, Ernest Edward....Wakefield. Office, Roxbury (Boston). 240 Longwood Av.

U

1912 Underhill, Elizabeth Colden South Hadley. Mt. Holyoke College.
1915 Underhill, Samuel Graham.Lynn. 212 Boston St.
1858 Underwood, George Latham †1898 Belmont. 50 Common St.
1914 Uniac, Thomas Vincent....Lawrence. 133 Haverhill St.
1897 Upton, Charles Louis.....Shelburne Falls (Shelburne). Main St.
1904 Urquhart, John Edwin.....Ashfield.

V

1893 Valentine, Henry Charles..Lexington.
1892 Van Allen, Harvey Ward..Springfield. 19 Maple St.
1916 Van de Velde, Honoré.....Boston. 72 Huntington Av.
1917 Van Deursen, George Livesay Lowell. 20 Palmer St.
1916 Van Gaasbeek, George Henry Springfield. 29 Berkeley St.
1908 Van Nüys, Fresenius.....Weston. Central Av.
1914 Varney, Elton Murray.....Peabody. 72 Main St.
1895 Varney, Fred Elbridge.....North Chelmsford (Chelmsford).
1897 Vaughan, Jonas Hobart....Tampa, Fla. 214 South Brevard Av.
1912 Verde, Luigi.....Cambridge. Office, Boston. 372 Hanover St.
1902 Verhoeff, Frederick Herman Boston. 101 Newbury St.
1882 Vickery, Herman Frank....Brookline. 26 Chestnut St.
1892 Vickery, Lucia Florence...Jamaica Plain (Boston). 27 Lakeville Place.
1897 Vietor, Agnes Caecilia.....Boston. 175 Dartmouth St.
1878 Viles, Clarence Albertus...Lowell. 855 Bridge St.
1904 Vincent, Beth.....Boston. 295 Beacon St.
1917 Vivian, William James....East Walpole (Walpole). 202 Washington St.
1916 Voorhis, Kathalyn.....Worcester. 28 Pleasant St.
1897 Vose, Robert Henry.....Boston. 443 Beacon St.

W

1916 Wadden, Joseph Matthew..Cambridge, 325 Huron Av.
1902 Wadsworth, Richard Goodwin Boston. 522 Commonwealth Av.
1914 Wagner, Emma Juliet.....West Somerville (Somerville). 370 Highland Av.
1914 Wainshel, Percy William...Lynn. 125 Summer St.
1908 Waite, Lucy Reed.....Southbridge.
1886 Wakefield, Albert Tolman..Sheffield.
1906 Walch, Joseph Francis.....Lawrence. 68 East Haverhill St.
1904 Walcott, Henry Joel.....Concord. 92 Main St.
1863 Walcott, Henry Pickering..Cambridge. 11 Waterhouse St.
1906 Walcott, William Wright..Natick. 32 W. Central St.
1866 Walker, Augustus Chapman †1901 Cambridge. 165 Upland Rd.
1913 Walker, Clifford Black....Jamaica Plain (Boston). 706 South Huntington Av.
1902 Walker, David Harold.....Boston. 390 Commonwealth Av.
1908 Walker, Harry Abram.....Somerville. 464 Broadway.
1910 Walker, Irving James.....Allston (Boston). Office, Boston. 527 Beacon St.
1914 Walker, Isaac Chandler....Brookline. 9 Auburn Courts.
1915 Walker, Melvin Harvey, Jr. Pittsfield. 34 Fenn St.
1894 Walker, William.....Revere. 780 Winthrop Av.
1905 Walker, William Dacre....Andover. 121 Main St.
1876 Wallace, Alonzo Stewart...Nashua, N.H. 198 Main St.
1905 Wallace, Anna Marie.....Waverley (Belmont). Lock Box C.
1898 Wallace, George Loney.....Wrentham.
1917 Wallace, John .....Roxbury (Boston). 219 Warren St.
1899 Walsh, Charles Joseph.....Arlington. 223 Mass. Av.
1913 Walsh, Edmund Francis...Boston. 121 Pinckney St.

1904 Walsh, John Edward.....Revere. 238 Beach St.
1880 Walton, George Lincoln....Boston. 199 Marlboro' St.
1897 Walton, William Joseph...Dorchester (Boston). Office, Boston. 536 Commonwealth Av.
1886 Ward, George Otis.....Worcester. 875 Main St.
1904 Ward, Roy Joslyn.....Worcester. 9 Bellevue St.
1913 Ward, William Greenleaf..Lynn. 150 Essex St.
1907 Wardle, Henry.....Fall River. 863 Plymouth Av.
1907 Wardwell, James Knight..Boston. 1111 Boylston St.
1908 Warner, Carmillus Turten.Marlborough. 75 West Main St.
1917 Warren, Charles Fletcher..Amesbury. 1 School St.
1905 Warren, Edward Dane.....Holyoke. 283 Maple St.
1905 Warren, Franklin Lafayette Bridgewater. Central Sq.
1908 Warren, Hobart Endicott..Beverly Farms (Beverly).
1909 Warren, John.....Boston. 58 Beacon St.
1866 Warren, John Collins.....Boston. 58 Beacon St.
1907 Warren, Lizzie Maude.....Waverley (Belmont). Box 344.
1909 Warren, Thomas Francis..Fall River. 591 Middle St.
1892 Washburn, Elliott.....Kansas City, Mo. K. C. Gen. Hosp.
1899 Washburn, Frank Hall....Holden.
1897 Washburn, Frederic Augustus Boston. Mass. Gen. Hospital.
1886 Washburn, George Hamlin.Boston. 238 Commonwealth Av.
1901 Waterman, George Arthur.Boston. 410 Beacon St.
1916 Waters, James Edward....Gardner. 21 Parker St.
1895 Watkins, Royal Phillips...Worcester. 17 West St.
1878 Watson, Francis Sedgwick.Boston. 92 Marlboro' St.
1899 Watson, Frank Gilman....Dorchester (Boston). 11 Virginia St.
1917 Watt, George .....Worcester. City Hosp.
1911 Watters, Henry.....Newton Center (Newton). 47 Grafton St.
1907 Watters, William Henry..West Roxbury (Boston). Office, Boston. 496 Commonwealth Av.
1915 Watts, Harry Adelbert....Malden. 606 Main St.
1894 Watts, Henry Fowler Ransford Dorchester (Boston). 6 Monadnock St.
1908 Webb, Harold Randall....Arlington. 409 Mass. Av.
1880 Webber, Frederick Ward..Newton. 465 Center St.
1865 Webber, Samuel Gilbert †1911 Brookline. 60 Gorham Av.
1915 Webber, Wolfert Gerson...Allston (Boston). 1161 Commonwealth Av.
1888 Webster, George Arthur...Boston. 419 Boylston St.
1890 Weeks, Joshua Franklyn..New Bedford. County Rd.
1894 Weiser, Walter Rupert....Springfield. 97 Chestnut St.
1894 Welch, Edward John.....Lowell. 10 East Merrimack St.
1913 Weller, John Henry.....State Farm (Bridgewater).
1912 Wells, Charles Edward....Cambridge. Office, Boston. Mass. Gen. Hosp.
1907 Wells, David Washburn...West Newton (Newton). Office, Boston. Hotel Westminster, Copley Sq.
1878 Wells, Frank.....Boston. 120 Franklin St.
1906 Wells, Orion Vassar.....Westford.
1891 Wentworth, Arthur Howard Boston. 352 Marlboro' St.
1909 Wentworth, Mark Hunking Concord, 26 Lexington Rd.
1874 Wescott, William Henry †1913 Roxbury (Boston). 66 Clifton St.
1880 West, Edward Graeff.....Roxbury (Boston). 630 Warren St.
1910 West, Frederick Orra.....Woburn. 57 Pleasant St.
1894 West, George Leon.....Newton Center (Newton). 860 Beacon St.
1894 Weston, George Dake.....Springfield. 70 Main St.
1882 Wetherbee, Roswell.....Cambridge. 798 Mass. Av.
1898 Wetherell, Arthur Bryant..Holyoke. 180 Chestnut St.
1915 Wheatley, Frank Edward..North Abington (Abington). 174 Adams St.
1884 Wheatley, Frank George..North Abington (Abington). 174 Adams St.
1893 Wheeler, Alfred Augustus. Leominster. 48 Mt. Pleasant Av.
1894 Wheeler, Charles Douglas..Worcester. 18 Chestnut St.
1908 Wheeler, Charles Holmes..Haydenville (Williamsburg).
1897 Wheeler, Emma Hammond.New Bedford. 57 Morgan St.
1870 Wheeler, Leonard.....Worcester. 12 Chestnut St.
1900 Wheeler, Lucia Anna.....Wernersville, Pa. State Asylum.
1915 Wheet, Harry Ray.....Boston. 514 Commonwealth Av.
1906 Whelan, Charles.....Hingham. Central St.
1910 Whelan, Edmond Vincent..Bridgewater. 35 School St.
1894 Whipple, Farrington Hasham Boston. 1079 Boylston St.
1885 Whitaker, Clarence Wilder Worcester. 44 Pleasant St.
1905 Whitcher, Burr Royce.....West Somerville (Somerville). 1040 Broadway.
1916 Whitcomb, Clarence Adelbert Springfield. Springfield Hospital.
1884 Whitcombe, Charles Reed..Roslindale (Boston). 23 South Fairview St.
1910 White, Arthur Joseph.....Mattapan (Boston). 249 River St.
1894 White, Belle Platt.....Springfield. 182 Sumner Av.
1893 White, Charles James.....Boston. 259 Marlboro' St.
1902 White, Clifford Allen.....Granville. P. O. Box 150.
1914 White, Everett.....Lynn. 17 Marianna St.
1896 White, Franklin Warren...Boston. 322 Marlboro' St.
1914 White, George Arthur.....Cambridge. 170 Harvard St.
1912 White, Henry Alverado....Taunton. 17 West Britannia St.
1882 White, Herbert Warren...Roxbury (Boston). 151 Humboldt Av.
1910 White, John Robert.....Washington, D. C. Navy Med. School.
1893 White, Leon Edward.....Wellesley. Office, Boston. 390 Commonwealth Av.
1872 White, Levi.....Worcester. 7 Gates St.
1909 White, Lucy Nye.....Winthrop. 818 Winthrop Av.
1899 White, Michael William....Somerville. 21 Walnut St.
1911 White, Paul Dudley.....Dorchester. Office, Boston. Mass. Gen. Hosp.
1892 White, William Allen.....Roxbury (Boston). 249 Warren St.
1894 Whitehill, George Edward.Everett. 516 Broadway.
1897 Whiteside, George Shattuck Portland. Ore. 710 Dekum Bldg.
1892 Whiting, George Washington Whitney Somerville. 282 Broadway.
1906 1916 Whitman, Luther Oakes..Amherst. 21 Pleasant St.
1886 Whitney, Charles Melville.Boston. 386 Commonwealth Av.
1882 Whitney, Edward Melville.New Bedford. 27 South 6th St.
1905 Whitney, Edward William. Indian Orchard (Springfield). 162½ Main St.
1910 Whitney, George Burgess..Haverhill. 252 Washington St.
1901 Whitney, Harriet Wiley...Indian Orchard (Springfield). 162½ Main St.
1905 Whitney, Ray Lester.....Waverley (Belmont). McLean Hospital.
1874 Whitney, William Fiske...Boston. 228 Marlboro' St.
1904 Whiton, Ross Kittredge....Bedford.
1910 Whittemore, William Stewart Cambridge. 39 Brattle St.
1906 Whittemore, Wyman..... Boston. 330 Dartmouth St.
1891 Whitten, George Edwin... Haverhill. 154 Main St.
1887 Whittier, Francis Fremont.Brookline. 94 Harvard St.
1900 Whoriskey, John Joseph..Cambridge. 1712 Mass. Av.
1914 Wickham, Thomas William Boston. 514 Commonwealth Av.

1891 Wilbur, Hubert Granville. Fall River. 292 North Main St.
1887 Wilbur, Sarah Mann..... Springfield. 319 State St.
1910 Wilcox, De Witt Gilbert... Boston. 496 Commonwealth Av.
1907 Wilcox, Henry Hopson.... Springfield. 151 North Main St.
1906 Wilder, Winford Oliver... Pittsfield. 34 Fenn St.
1906 Wilinsky, Charles Francis. Boston. 80 Green St.
1914 Wilkins, George Arthur.... Revere. 646 Beach St.
1900 Wilkins, George Clarence.. Manchester, N. H. 402 The Beacon.
1909 Wilkins, Samuel Henry... West Medford (Medford). 411 High St.
1917 Willey, Walter Brown, Jr.. Brighton (Boston). St. Eliz. Hosp.
1898 Williams, Abram Case.... Springfield. 137½ State St.
1894 Williams, Augusta Gilbert. Brookline. 278 Walnut St.
1887 Williams, Charles Crosby. Los. Angeles, Calif. 401 South Hope St.
1874, 1895 } Williams, Charles Herbert { Milton. Office, Boston. 1069 Boylston St.
1915 Williams, David Lawrence. Boston. 168 Huntington Av.
1902 Williams, Edward Denison. Easthampton. 153 Union St.
1894 Williams, Edward Russell. Cambridge. Office, Boston. 1069 Boylston St.
1872 Williams, Edward Tufts †1910 Roxbury (Boston). 125 Dudley St.
1877 Williams, Francis Henry.. Boston. 505 Beacon St.
1915 Williams, Frankwood Earl. Cambridge. 44 Langdon St.
1894 Williams, Frank Percival.. Brookline. Office, Boston. 419 Boylston St.
1916 Williams, Frederick Horace Brookline. Office, Boston. 236 Clarendon St.
1917 Williams, Frederick Russell Worcester. 11 Elm St.
1880 Williams, Harold..... Boston. 528 Beacon St.
1887 Williams, Henry Clarence. Boston. 140 Boylston St.
1899 Williams, Hugh..... Boston. 301 Beacon St.
1906 Williams, John Thomas.... Boston. 483 Beacon St.
1882 Williams, Joseph..... Dorchester (Boston). 12 Bloomfield St.
1917 Williamson, Cordelia Isabella Watertown. 57 Poquossette St.
1898 Willis, Charles Austin..... Waltham. 562 Main St.
1914 Willoughby, Earle Carlisle. North Reading. State Sanatorium.
1894 Wilson, Charles Oscar..... Lowell. 614 Gorham St.
1913 Wilson, Charles Moore.... Salem. 54 Washington St.
1910 Wilson, Edmund Winfred. Boston. City Hospital.
1904 Winchester, George Wesley. Mattapan (Boston). 1411 Blue Hill Av.
1888 Winn, Charles Henry..... Roxbury. 1474 Tremont St.
1908 Winslow, Benjamin Sabert. New Bedford. 1065 South Water St.
1893 Winslow, Edward Smith.. Easthampton. 103 Main St.
1903 Winslow, Frederick..... Boston. 275 Clarendon St.
1897 Withee, Frederick Elmarien Newton Highlands (Newton). 9 Forest St.
1892 Withington, Alfreda Bosworth Pittsfield. 17 Clinton Av.
1917 Withington, Paul Richmond Boston. City Hospital.
1904 Wolbach, Simeon Burt.... Boston. 420 Beacon St.
1907 Wood, Benjamin Ezra..... Allston (Boston). Office, Boston. 520 Beacon St.
1882, 1888 } Wood, Henry Austin..... Waltham. 751 Main St.
1885 Wood, Leonard..... U. S. Army.
1901 Wood, Nathaniel Knight.. Boston. 520 Beacon St.
1911 Wood, Nelson Merwin..... Charlestown (Boston). Office, Boston. 19 Bay State Road.
1889 Wood, Norman Perkins... Northfield. Main St.
1899 Woodbury, Frank Taylor.. Wakefield. 21 Chestnut St.
1899 Woodbury, Herbert Elwell. Indianapolis, Ind. 571 E. Drive Woodruff Pl.
1891 Woodbury, William Richardson Rochester, N. Y. 241 East Av.
1907 Woodill, Edith Esty..... Waverley (Belmont). Lock Box C.
1902 Woodruff, Richard Allen.. Pittsfield. 73 North St.
1899 Woods, Charles Edwin.... Lunenburg. Lancaster Av.
1879, 1897 } Woods, George Lyman †1915 Springfield. 60 Sherman St.
1893 Woodward, Johnson Rufus Oxford.
1882 Woodward, Lemuel Fox... Worcester. 52 Pearl St.
1877 Woodward, Samuel Bayard Worcester. 58 Pearl St.
1879 Woodworth, Dwight Sidney Fitchburg. 882 Main St.
1902 Woodworth, John Dawson Roswell Jamaica Plain (Boston). 9 Greenough Av.
1883 Worcester, Alfred..... Waltham. 751 Main St.
1873 Workman, William Hunter †1912 Worcester.
1901 Wormelle, Charles Burton. Allston (Boston). 186 Brighton Av.
1902 Worth, Edward Philip.... Edgartown.
1904 Worthen, Charles Arthur.. Lynn. 32 Mall St.
1896 Worthington, Arthur Morton Dedham. 26 Court St.
1897 Wright, George Hermann.. New Milford, Conn. 24 Monument Sq.
1894 Wright, James Homer..... Boston. Mass. Gen. Hospital.
1916 Wright, Willard Lyman... Boston. 510 Commonwealth Av.
1910 Wright, William Francis.. Fall River. 100 Robeson St.
1895 Wylie, Eugene Cushman... Dorchester (Boston). 556 Washington St.
1894 Wylie-Cushman, Ella Rosalind Boston. 711 Boylston St.
1912 Wyman, Edwin Theodore.. Boston. 483 Beacon St.

Y

1903 Yeaton, George William.... Medway. Village St.
1897 Yenetchi, Henry Ainsworth Somerville. 104 Highland Av.
1895 Yoosuf, Abraham Kevork.. Worcester. 82 Franklin St.
1915 Young, Annie Roberts..... Waltham. 925 Main St.
1895 Young, Edgar William.... Everett. 640 Broadway.
1910 Young, Edward Lorraine, Jr. Boston. 99 Commonwealth Av.
1914 Young, Edward Wallace... New Bedford. 403 Union St.
1897 Young, Ernest Boyen..... Boston. 434 Marlboro' St.
1906 Young, Evangeline Wilson. Boston. 510 Commonwealth Av.
1907 Young, James Herbert..... Newton. 19 Baldwin St.
1882 Young, John Francis..... Brookline. 1821 Beacon St.
1905 Young, Ralph Randal..... Roxbury (Boston). 3 Highland St.
1905 Young, Roy Demas..... Arlington. 788 Mass. Av.
1908 Young, Walter Harding... Dedham. Office, Boston. 39 Newbury St.
1899 Young-Slaughter, Emma Elizabeth Lowell. 100 Westford St.

Z

1888 Zabriskie, Frank Hunter.. Greenfield. 426 Main St.
1916 Zarrella, Angelo Mario.... Lynn. 212 Boston St.
1913 Zimmerman, Henry..... Springfield. 721 North St.

Massachusetts Medical Society

LOCAL DIRECTORY

THE FELLOWS LISTED ACCORDING TO THEIR SITUATION
IN THE VARIOUS CITIES, TOWNS AND POST
OFFICES OF THE STATE

JANUARY 1, 1918

LOCAL DIRECTORY

THE FELLOWS LISTED ACCORDING TO THEIR SITUATION IN THE VARIOUS CITIES, TOWNS AND POST OFFICES OF THE COMMONWEALTH.

NOTE.—Names of District Societies are printed in lower-case Roman. Names of cities are printed in capitals. Names of towns are printed in small capitals. Names of villages and post offices are printed in lower case italics.

ABINGTON (Plymouth).
(See also: North Abington.)
Hutchinson, W. P.
Stevens, W. R.

ACTON (Middlesex North).
(See also: West Acton).

ACUSHNET (Bristol North).

ADAMS (Berkshire).
Boom, A. K.
Crowley, J. F.
Holmes, H. B.
Pascoe, W. W.

AGAWAM (Hampden).
(See also: Feeding Hills.)

ALFORD (Berkshire).

Allerton (HULL).
Sturgis, W. H. W.

Allston (*Brighton*) (BOSTON).
Casey, J. F.
Dow, E. S.
Ely, T. W.
Giddings, H. G.
Haslam, F. A.
Lovell, M. E.
†Moran, J. B.
McKeen, S. F.
Papas, P. N.
Riley, C. A.
Webber, W. G.
Wood, B. E.
Wormelle, C. B.

AMESBURY (Essex North).
Biron, J. F. R.
Leslie, H. G.
Mudge, O. P.
Mullen, P. J.
Murphy, D. D.
Rand, J. W.
Savignac, A. N.
Warren, C. F.

AMHERST (Hampshire).
(See also: Cushman, and North Amherst.)
Haskell, N. C.
Rawson, G. W.
Rockwell, H. G.
Whitman, L. A.

Annisquam (GLOUCESTER).
Shields, E. E.

ANDOVER (Essex North).
Abbott, C. E.
Conroy, E. C.
Daly, J. J.
Fuller, J. R.

ANDOVER (continued).
Lane, E. D.
Look, P. J.
Walker, W. D.

ARLINGTON (Middlesex South).
(See also: Arlington Heights.)
Atwood, C. F.
Buckley, D. J.
Dennett, C. A.
Keegan, C. A.
Lawley, B. I.
Pratt, Ezekiel.
Sanger, G. E.
Stickney, E. P.
Tolman, Julia
Walsh, C. J.
Webb, H. R.
Young, R. D.

Arlington Heights (ARLINGTON).
Farrington, L. M.
Ring, A. H.

ASHBURNHAM (Worcester North).
Bates, C. A.
Fosgate, E. G.

ASHBY (Worcester North).
Pope, F. F.

ASHFIELD (Franklin).
Urquhart, J. E.

ASHLAND (Middlesex South).
Morse, R. S.

ATHOL (Worcester North).
Bassow, G. J.
Cuddy, J. F.
Dodge, G. F.
Perry, G. L.

Atlantic (QUINCY).
Bartlett, F. A.
Bruce, D. A.
Drew, M. E.
Sweeney, M. T.

ATTLEBOROUGH (Bristol North).
Battershall, Jesse W.
Battershall, Joseph W.
Battershall, M. H. W.
Bolduc, A. G.
Clarke, J. W.
Conro, A. C.
Hewitt, W. O.
Holden, C. S.
Kent, R. P.
Mackie, L. V. G.
Milot, W. F.
Murphy, F. V.
Reese, J. A.
Rounseville, W. E.

AUBURN (Worcester).

Auburndale (NEWTON).
Godfrey, H. W.
Haskell, H. H.
Hutchinson, C. P.
Keever, H. F.
†Porter, F. E.

AVON (Plymouth).
Linfield, E. P.

AYER (Worcester North).
Bulkeley, F. S.
Hopkins, B. H.
Priest, H. B.

Baldwinsville (TEMPLETON).
Page, H. W.
Robie, W. F.
Stick, H. L.

BARNSTABLE (Barnstable).
(See also: Cotuit, Hyannis, Marston's Mills, Osterville.)
Millikin, C. W.

BARRE (Worcester).
Bates, W. S.
Brown, G. A.

BECKET (Berkshire).
Dearborn, H. H.

BEDFORD (Middlesex North).
Hamblen, E. E.
Whiton, R. K.

BELCHERTOWN (Hampshire).
Eliot, H. W.

BELLINGHAM (Norfolk).

BELMONT (Middlesex South).
(See also: Waverley.)
†Dow, J. A.
Hanson, W. C.
Holtt, E. G.
Leavitt, F. C.
Rogers, M. H.
†Underwood, G. L.

BERLIN (Worcester).

BERNARDSTON (Franklin).
Croft, B. P
Pierce, W. H.

BEVERLY (Essex South).
Cowles, F. A
Dexter, Franklin
Emery, W. E.
Hayes, W. F.
Hill, G. J.
Johnson, P. P.
Kline, G. M.
Lawlor, J. F.

BEVERLY (continued).
Odeneal, T. H.
Phillips, C. H.
Sears, H. E.
Shatswell, J. A.
Stanley, F. G.
Stickney, G. A.
Stone, R. E.
Swan, L. C.
†Swasey, O. F.
†Torrey, S. W.

Beverly Farms (BEVERLY).
Murphy, D. F.
Warren, H. E.

BILLERICA (Middlesex North).
(See also: North Billerica.)
Alley, E. J.
Buck, M. A.
Stearns, A. W.

Blackinton (WILLIAMSTOWN).
Galvin, William

BLACKSTONE (Worcester).
Roche, T. F.

BLANFORD (Hampden).

BOLTON (Worcester).

BOSTON (Suffolk).
(See also: East Boston, South Boston, Allston, Brighton, Charlestown, Dorchester, Forest Hills, Hyde Park, Jamaica Plain, Mattapan, Roslindale, Roxbury, West Roxbury.)
Achorn, R. C.
Adams, L. D.
Allen, A. W.
Allen, Freeman
Allen, G. W.
Alcuzar, Izak
Amadon, A. F.
Ames, J. L.
Andrews, H. V.
Appleton, William
Arkin, Louis
Arnold, H. D.
Austin, A. E.
Ayer, J. B.
Ayer, S. H.
Azadian, D. G.
Badger, G. S. C.
Bailey, W. C.
Baker, D. V.
Baker, H. W.
Balboni, G. M.
Balch, F. G.
Bardwell, F. A.
Barney, J. D.
Barney, W. O.
Barnum, F. G.
Barone, Joseph
Barrell, C. S.
Barron, M. E.
Barstow, A. T.
Bartol, J. W.
Bean, C. P.
Bearse, Carl
Beebe, T. C.
Berry, C. F.
Bigelow, W. S.
Binney, Horace
Bisbee, E. S.
Blake, C. J.
Blake, Gerald
Blake, J. B.
Blake, J. G.
†Blodgett, A. N.
Blodgett, J. H.
†Boardman, W. E.
Boardman, W. P.
Boardman, W. S.
Bonelli, R. P.
Bossidy, J. C.
Bottomley, J. C.
Bowditch, Harold
Bowditch, V. Y.
Bowen, J. T.
Bowman, F. R.
Brackett, E. G.
Bradford, E. H.
Brady, J. F.
Brant, Austin
Bremer, J. L.
Breslin, J. G.
Brewster, G. W. W.
Briggs, F. M.
Briggs, J. E.
Briggs, L. V.
Brigham, F. G.
Brindisi, Rocco
Bristol, DeL. J.
Brooks, E. M.
Brough, D. D.
Brown, L. T.
Brown, Percy
Brown, W. J.
Browne, W. E.
Bruce, J. B.
Bryant, A. G.
Bryant, John
†Bush, J. S. F.
Buck, C. E.
Bullard, W. N.
Burnham, E. A.
Burnett, F. L.
Burns, F. S.
Burrage, W. L.
Butler, A. E.
Butler, C. S.
Butler, P. F.
Cabot, Hugh
Cabot, R. C.
Caines, R. J. R.
Castleman, Philip
Chadbourne, A. P.
Chamberlain, M. L.
Chandler, T. E.
Chase, H. M.
Chase, W. G.
Cheever, David
Chenery, W. E.
Christian, H. A.
Chute, A. L.
Clap, E. W.
Clark, G. O.
Clark, J. P.
Clark-MacLeod, Emily
Cliff, L. A.
Clymer, George
Cobb, Farrar
Cobb, F. C.
Cobb, G. N.
Cochrane, R. C.
Codman, E. A.
Coffin, R. A.
Cogan, J. A.
Colburn, H. H.
Conant, W. M.
Coriat, I. H.
Cotton, F. J.
Coues, W. P.
Councilman, W. T.
Coursey, F. R.
Courtney, J. W.
Cowles, W. L.
Cox, A. C.
Cox, O. F.
Cragin, G. A.
Crandon, L. R. G
Crane, Clarence
Crawford, F. X.
Crockett, E. A.
Crosbie, A. H.
Culbertson, E. V. P. B.
Cummin, J. W.
Cummins, L. J.
Cunningham, A. R
Cunningham, J. H., Jr.
Cushing, H. W.
Cutler, E. G.
Cutler, G. D.
Dadmun, E. J.
Daly, W. J.
Daniels, E. A.
Davenport, F. H.
Davis, F. A.
Davis, Lincoln
Davis, M. F.
Dawson, R. P.
Day, H. F.
DeBlois, T. A.
Delano, Samuel
Denig, B. A.
Denny, G. P.
DeNormandie, R. L.
Derby, F. W.
Derby, G. S.
Dewing, L. A.
Di Mento, V. J.
Dixon, L. S.
Dixon, R. B.
Dodge, A. M.
Dodge, W. W.
Donoghue, F. D.
Dorcey, J. E.
Dowling, J. J.
Drury, D. W.
Duckering, F. W.
Dunn, C. H.
Dunn, Wm. Aloysius
Dunn, Wm. Ambrose
Dwight, E. W.
Dwyer, W. J.
Eames, G. F.
Earle, G. H.
Easton, E. T.
Eaton, H B.
Edwards, W. L.
Ehrenfried, Albert
Ehrlich, Henry
Elliot, J. W.
Elliott, R. D.
Emerson, P. W.
Emerson, W. R. P.
English, M. J.
Erb, T. C.
Eustis, R. S.
Evans, Albert
Everett, E. E.
Fabyan, Marshal
Fair, R. P.
Farlow, J. W.
Faulkner, W. E.
Felch, C. I.
Felch, G. A.
Felch, L. P.
Finkelstein, Harry
Fischbein, Louis
Fitz, G. W.
Fitz, Reginald
Fitzgerald, J. B.
Flagg, Elisha

BOSTON (continued).
Floyd, Cleaveland
Foley, T. B.
Frankel, D. I.
Fraser, A. McK.
Fraser, Somers
Friedman, Benjamin
Friedman, Eli
Friedman, Nathan
Frothingham, Channing, Jr.
Frye, E. B.
Gallison, J. M.
Galloupe, C. W.
Gannett, W. W.
Garbelnick, D. A.
Garland, G. M.
George, A. W.
Germain, H. H.
Gilman, C. S.
Gilpatrick, R. H.
Goddu, L. A. O.
Golden, Lazarus
Goldthwait, J. E.
Goodale, J. L.
Goodall, H. W.
Grainger, E. J.
Granger, F. B.
Grant, W. H.
Graves, W. P.
Gray, Horace
Gray, H. B.
Green, C. M.
†Green, J. O.
Green, M. C.
Green, R. M.
†Green, S. A.
Greene, D. C., Jr.
Greene, E. M.
Grogan, M. V.
Gunter, F. C.
Haley, W. T.
Hall, G. W.
Hall, W. D.
Hamilton, A. J, A.
Hamilton, A. L.
Harding, G. F.
Hare, C. H.
Harmer, T. W.
Harrington, T. F.
Harrison, C. W.
Harrison, Henry
Hartung, H. H.
Harvey, W. W.
Hartwell, H. F.
Haskins, F. E.
Hawes, J. R., 2nd
Healy, William
Hebbard, E. C.
Heffernan, D. A.
Hegerty, J. G.
Henderson, F. F.
Hepburn, J. J.
†Hersey, F. C.
Hewes, H. F.
Higgins, F. A.
Hill, G. S.
Hill, T. C.
Hipkiss, George
Hitchcock, Edward
Hodgdon, F. W., Jr.
Hodgkins, E. M.
Hogner, R. P. F.
Hollings, Byam
Holmes, E. M.
Hornor, A. A.
Houghton, N. H.
Howard, A. G.
Howard, C. T.
Howard, H. H.
Howard, H. J.
Howe, O. T.

BOSTON (continued).
Howe, W. C.
Howland, J. B.
Hubbard, J. C.
Hughes, L. A. C.
Hunt, D. L.
Huntington, J. L.
Hurley, J. J.
Hutchins, H. T.
Hyde, H. V.
Hyman, C. H.
Irving, F. C.
Irving, H. W.
Jack, E. E.
Jack, F. L.
Jackson, D. L.
Jackson, Henry
Jackson, J. M.
Janes, A. P.
Jantzen, F. T.
Jelly, A. C.
Johnson, F. M.
Johnson, F. W.
Jones, D. F.
Jones, M. S.
Jordan, E. M.
Joslin, E. P.
Katsainos, G. M.
Keenan, G. F.
Keenan, J. A.
Kelley, E. R.
Kellogg, E. B.
Kellogg, F. L.
Kellogg, F. S.
Kennedy, A. G.
Kepler, C. O.
Kerr, I. D.
Khoury, Kamel
Kilburn, H. W.
Kimpton, A. R.
King, F. A.
Kissock, R. J.
Knapp, P. C.
Knowlton, W. M.
Konrad, F. C. W.
Lacey, W. H.
Ladd, Maynard
Ladd, W. E.
Lahey, F. H.
Larrabee, R. C.
†Lawrence, R. M.
Lee, H. J.
Leen, T. F.
Legg, A. T.
Leland, G. A.
Leland, G. A., Jr.
Leland, H. A.
L'Esperance, O. R. T.
Levins, N. N.
Lindquist, C. A.
Little, J. M., Jr.
Lloyd, H. D.
Locke, E. A.
Loder, H. D.
Lord, F. T.
Lorimer, Felix
Lothrop, H. A.
Lovett, R. W.
Lowell, F. L.
Luce, LeR. A.
Lund, F. B.
Lyman, Henry
MacAusland, A. R.
MacAusland, W. R.
MacCallum, W. P.
McClintock, F. B.
MacCormick, J. A.
McCurdy, T. E. A.
McDonald, S. J.
MacIver, G. O.
MacKinnon, D. L.

BOSTON (continued).
MacKnight, W. F.
McLaughlin, A. J.
MacLennan, A. D.
Madden, W. D.
Magrath, G. B.
Mahoney, D. F.
Mahoney, J. L.
Marble, H. C.
Marcy, H. O.
Margeson, R. D.
Marshall, H. W.
Martin, J. F.
Marvin, F. W.
Mason, N. R.
Mead, L. G.
Means, J. H.
Medalia, D. B.
Medalia, L. S.
Mendelsohn, Louis
Merrill, A. S.
Miller, G. F.
Miller, R. H.
Minot, G. R.
Minot, J. J.
Mixter, C. G.
Mixter, S. J.
Mixter, W. J.
Monks, G. H.
Moore, G. C.
Moore, J. H.
Morgan, C. R.
Morgan, John
Morong, A. B.
Morrison, L. B.
Morrison, W. R.
Morse, G. W.
Morse, J. L.
Mosher, H. P.
Murphy, F. C.
Murray, B. F.
Myers, S. W.
Mysel, Philip
New, W. S.
Newell, F. S.
†Nichols, A. H.
Nichols, E. H.
Nolen, W. F.
Noyes, M. L.
Nute, A. J.
Ober, F. R.
O'Brien, T. J.
O'Hare, J. P.
Oliver, E. L.
†Oliver, H. K.
O'Neil, R. F.
Osgood, R. B.
O'Sullivan, Anna
Otis, E. O.
Otis, W. J.
Ott, G. J.
Overlander, C. L.
Packard, A. E.
Packard, Horace
Page, A. K.
Page, C. G.
Paine, A. K.
Palfrey, F. W.
Palmer, Ezra
Palmer, S. E.
Palmer, W. W.
Papas, P. N.
Parker, W. S.
Paul, L. G.
Paul, W. E.
Pavlo, S. G.
Payne, J. H.
Pearl, S. M.
Pease, E. A.
Pemberton, F. A.
Penhallow, D. P.

BOSTON (continued).
Phaneuf, L. E.
Phelps, J. S.
Phipps, Cadis
Pike, W. C.
Piper, Frank
Place, E. H.
Poirier, G. H.
Pollock, H. M.
Pond, B. W.
Pope, E. F.
Porter, C. A.
Post, Abner
Powers, G. H.
Praino, Gaetano
Preble, W. E.
Prince, Morton
Putnam, J. J.
Quackenboss, Alexander
Quest, J. F.
Rabe, E. R. E.
Reardon, T. J.
Reed, Carlisle
Reeves, Marcellus
Reggio, A. W.
Reynolds, Edward
Rice, W. H.
Richards, C. G.
†Richards, G. E.
Richardson, A. G.
Richardson, E. P.
Richardson, Oscar
Richardson, W. L.
Riley, Augustus
Riley, E. A.
Ripley, H. W.
Risley, E. H.
Robbins, E. D.
Robbins, W. B.
Robey, W. H., Jr.
Rogers, A. E.
Rolfe, W. A.
Rosen, D. W.
Rothblatt, H. L.
Rushmore, Stephen
Ryder, B. McW.
Ryder, W. I.
Sabine, J. D. K.
Sadler, R. A.
Saltz, S. M.
Sanborn, G. P.
Sargent, G. A.
Sawyer, E. K.
Scannell, D. D.
Schirmer, J. W.
Scott, N. McL.
Scudder, C. L.
Sears, G. G.
Sears, H. F.
Seymour, Malcolm
Shapira, A. A.
Shattuck, F. C.
Shattuck, G. B.
Shattuck, G. C.
Shaw, Albert J.
Shaw, Arthur J.
Sheldon, R. F.
Shields, W. S.
Shohan, Joseph
Simmons, C. C.
Sisson, W. R.
†Skinner, E. M.
Slack, F. H.
Smith, Conrad
Smith, C. M.
Smith, E. W.
Smith, G. C.
Smith, G. G.
Smith, H. H.
Smith, M. A.

BOSTON (continued).
Smith, P. M.
Smith, R. M.
Smith-Petersen, M. N.
Sobotky, Irving
Soutter, Robert
Sowles, H. K.
Spalding, J. D.
Spinney, F. I.
Sprague, F. P.
Sprague, R. B.
Stacey, C. F.
Stack, J. J.
Standish, Myles
Stedman, George
Stone, J. S.
Storer, Malcolm
Streeter, E. C.
Strong, R. P.
†Stuart, J. H.
Sullivan, C. B.
Sumner, P. S.
Supple, E. A.
Swain, H. T.
Swift, E. H.
Swift, J. B.
Swift, W. B.
Talbot, F. B.
Taylor, E. W.
Temple, W. F.
Temple, W. F., Jr.
Tenney, Benjamin
Tenney, J. A.
Thomas, J. J.
Thompson, C. O.
Thompson, P. H.
Thorndike, Augustus
Thorndike, Paul
Thorndike, T. W.
Thornton, J. B.
Tingley, L. P.
Titus, R. S.
Tobey, G. L., Jr.
Tobey, H. G.
Torbert, J. R.
Towle, H. P.
Townsend, C. W.
Trayes, W. H., Jr.
†Trull, W. B.
Twombley, E. L.
Tyrode, M. P. O. V.
Van de Velde, Honoré
Verhoeff, F. H.
Victor, A. C.
Vincent, Beth
Vose, R. H.
Wadsworth, R. G.
Walker, D. H.
Walsh, E. F.
Walton, G. L.
Wardwell, J. K.
Warren, John
Warren, J. Collins
Washburn, F. A.
Washburn, G. H.
Waterman, G. H.
Watson, F. S.
Webster, G. A.
Wells, Frank
Wentworth, A. H.
Wheet, H. R.
Whipple, F. H.
White, C. J.
White, F. W.
Whitney, C. M.
Whitney, W. F.
Whittemore, Wyman
Wickham, T. W.
Wilcox, DeW. G.
Wilinsky, C. F.

BOSTON (continued).
Williams, D. L.
Williams, F. H.
Williams, Harold
Williams, H. C.
Williams, Hugh
Williams, J. T.
Wilson, E. W.
Winslow, Frederick
Withington, P. R.
Wolbach, S. B.
Wood, N. K.
Wright, J. H.
Wright, W. L.
Wylie-Cushman, E. R.
Wyman, E. T.
Young, E. L., Jr.
Young, E. B.
Young, E. W.

BOURNE (Barnstable).
(See also: Sagamore.)

BOXBOROUGH (Middlesex North).

BOXFORD (Essex North).

BOYLSTON (Worcester).

Bradford (HAVERHILL).
Anthony, F. W.
Atwood, G. M.
Brainerd, W. S.
George, L. H.
LeGro, L. B.
Littlefield, M. C.
O'Toole, J. L.

BRAINTREE (Norfolk South).
(See also: South Braintree.)
Berry, W. D.
Cook, J. W.
Dearing, H. L.
Gile, F. H., Jr.
Gould, C. H.
Record, Harold

BREWSTER (Barnstable).
Crocker, L. A.

BRIDGEWATER (Plymouth).
(See also: East Bridgewater and State Farm).
Carr, A. W.
Hunt, A. F.
Hunt, W. E.
†Pratt, Calvin
Warren, F. L.
Whelan, E. V.

Brighton (Middlesex South.) (BOSTON).
(See also: Allston.)
Broderick, T. F.
Buckley, W. S.
Budreski, A. F.
Crosby, W. H.
Doherty, F. J.
Gwinnell, A. W.
Larrabee, F. W.
Moore, M. T. V.
O'Brien, E. J.
Rice, F. W.
Ripley, W. L.
Rowen, H. S.
Stanton, Joseph
Tinkham, O. G.
Willey, W. B., Jr.

BRIMFIELD (Hampden.)
Sawin, R. V.

BROCKTON (Plymouth).
(See also: Campello.)
Alfred, James
Alley, L. A.
Bacon, J. E.
Barrett, M. F.
Beals, A. L.
Boucher, G. H.
Brady, J. E.
Brides, A. E.
Buckley, G. A.
Burnett, F. H.
Butler, D. M.
Callahan, J. F.
Chase, H. A.
†Clark, E. W.
Cloudman, H. R.
Condrick, J. J.
Constans, F. E.
Dacy, C. J.
Drohan, J. H.
Ducy, W. D.
Fullerton, W. W.
Ginsburgh, N. H.
Goddard, H. E.
Goddard, S. W.
†Gruver, S. J.
Keith, W. C.
Lawrence, J. H.
Leavitt, P. H.
LeMay, A. M.
Lupien, H. J.
McCann, C. D.
McCarthy, T. H.
McNamara, J. J.
Miles, C. G.
Millet, C. S.
Moore, G. A.
Murdock, F. W.
Noyes, J. R.
O'Brien, F. W.
Packard, L. B.
Paine, A. E.
Pettey, J. A.
Ripley, F. J.
†Robinson, L. M.
Safford, W. P.
Shaw, J. P.
Simmons, F. A.
Smith, A. C.
Sullivan, A. J.
Tuholski, D. B.

BROOKFIELD (Worcester).
Newhall, L. T.
Sherman, M. H.

BROOKLINE (Norfolk).
(See also: Waban.)
Adams, J. D.
Adams, Z. B.
Ball, J. W.
Barnes, H. A.
Blakely, D. N.
Blanchard, B. S.
Borden, C. R. C.
Boutwell, H. K.
Bowditch, H. I.
Bowker, E. M.
Brainerd, J. B.
Brigham, E. H.
Bufford, J. H.
Bulfinch, G. G.
†Call, Norman
Carr, G. L.
Casselberry, C. M.
Channing, Walter
Chase, H. L.
Cleaves, F. H.
Cohen, J. P.
Connelly, J. E.

BROOKLINE (continued).
Coolidge, Algernon
Cooper, Almon
Cornwall, A. P.
Crabtree, E. G.
Cushing, A. A.
Cushing, Harvey
Cutts, H. M.
Dalton, C. H.
Dana, H. W.
Deal, E. E.
Denny, F. P.
Dewis, J. W.
Dreyfus, E. W.
Emerson, F. P.
Fairbanks, A. W.
Fallon, J. F.
Farr, E. L.
Fay, W. E.
Francis, C. S.
Francis, G. H.
Freedman, L. M.
Gilbert, L. W.
Glunts, David
Good, F. L.
Graham, Douglas
Greenough, R. B.
Haines, Ignatius
Hastings, R. W.
Hatch, R. A.
Hayes, F. L.
Heydemann, Martin
†Hills, W. B.
Hinckley, J. W.
Hixon, E. C.
Homans, John
†Hood, M. G.
Howard, A. A.
Hurwitz, A. J.
Inglis, H. J.
Ingraham, L. V.
Jones, Everett
Jones, F. E.
Jones, J. C.
Kaan, G. W.
Kennealy, J. H.
Kickham, C. J.
Kingman, R. A.
Kittredge, Joseph
Lancaster, W. B.
Lawrence, C. H., Jr.
Lee, W. T.
Liebman, William
Litchfield, W. H.
Lyle, E. B.
Mackie, W. C.
McDonald, W. J.
McLaughlin, H. V.
McMahon, F. J.
Mallory, F. B.
Nissen, H. A.
Parris, R. O.
Patten, S. K.
Pearce, A. C.
Percy, K. G.
Perry, H. J.
Powers, H. H.
Pratt, J. H.
†Purvis, C. B.
Quimby, W. C.
Reynolds, H. V.
Rogers, E. A.
Rosenau, M. J.
Sabine, G. K.
Saunders, E. L.
Shanahan, T. J.
Sibley, R. E.
Smith, W. H.
Smyth, D. C.
Smyth, P. S.
Spalding, F. M.

BROOKLINE (continued).
Spear, L. M.
Stedman, H. R.
Toohey, T. V.
Torney, G. H.
Vickery, H. F.
Walker, I. C.
†Webber, S. G.
Whittier, F. F.
Williams, A. G.
Williams, F. H.
Williams, F. P.
Young, J. F.

Bryantville (PEMBROKE).
Charles, O. W.

BUCKLAND (Franklin).

BURLINGTON (Middlesex East).

CAMBRIDGE (Middlesex South).
(See also: East Cambridge.)
Adams, C. W.
Andrews, R. E.
August, Albert
Bacon, N. S.
Bailey, M. H.
Barnes, F. J.
Boyle, J. J.
Brassil, T. F.
Bresnihan, F. S.
Brousseau, W. G.
Bryant, L. L.
Bucholz, C. H.
Buehler, G. V. B.
Burke, W. H., Jr.
Cady, F. B. M.
Cahill, C. S.
Call, E. L.
Cannon, W. B.
Chalfen, S. E.
Clarke, Genevieve
Clarke, I. L.
Cleary, James
Cogswell, G. P.
Cronin, H. J.
Cunningham, J. H.
Cunningham, T. E., Jr.
Darling, E. A.
Davis, B. D.
Dearborn, G. V. N.
Derby, W. P.
Donahue, W. F.
Dow, D. C.
Downing, A. F.
†Driver, S. W.
Dudley, A. W.
Dunham, A. F.
Dwyer, J. E.
Dwyer, J. E., Jr.
†Ela, Walter
Feeley, C. P.
Feeley, W. C.
Finnigan, P. J.
Fleet, W. E.
Fleming, P. J.
Foster, C. C.
Gardner, H. M.
Garrick, N. H.
Goodridge, F. J.
Greene, J. A.
Hapgood, L. S.
Heaton, T. H.
Hopkinson, George
Hutchinson, C. M.
Jouett, F. R.
Kelleher, P. F.
Kennelly, J. G.
King, M. L.

CAMBRIDGE (continued).
LaMarche, W. J.
Lancaster, S. R.
Lee, R. I.
Lockhart, J. S.
MacKillop, Daniel
Mackechnie, A. N.
McAdams, P. S.
McCarthy, E. A.
McGirr, F. F.
McIntire, G. F.
McIntire, H. B.
McKenzie, J. R.
Mernin, M. T.
Murphy, J. J.
Myles, L. T.
Nason, O. C. B.
Nelligan, J. P.
Nelson, C. A.
Noonan, W. A.
Norris, A. F.
Norton, G. E.
O'Rourke, E. J.
Page, G. T.
Partridge, T. J.
Peirce, B. H.
Potter, A. C.
Preble, Wallace
Putnam, W. A.
Rice, F. F.
Richards, C. R.
Robb, Hunter
Robertson, J. W.
Rockwell, J. A., Jr.
Rose, W. M.
Ross, Elizabeth
Seavy, H. L.
Sennott, J. R.
Sever, J. W.
Shannon, N. V.
Simonds, F. A.
Smillie, W. G.
Smith, J. H.
Smith, J. J.
Somers, J. E.
Southard, E. E.
Southard, M. A.
Stevens, E. H.
Stevens, H. P.
Sullivan, F. A.
Swaim, L. T.
Swan, W. D.
Taylor, F. W.
Thomas, C. H.
Thomas, W. K. S.
Thompson, J. S.
Trainor, J. A.
Tuttle, A. H.
Verde, Luigi
Wadden, J. M.
Walcott, H. P.
†Walker, A. C.
Wells, C. E.
Wetherbee, Roswell
White, G. A.
Whittemore, W. S.
Whoriskey, J. J.
Williams, E. R.
Williams, F. E.

Campello (BROCKTON).
Averill, J. H.
Caswell, W. E.
Frost, E. W.
Holmberg, C. L. M.
King, N. C.

CANTON (Norfolk).
Daniels, D. G.
Fish, J. E.
Hinton, W. A.

CANTON (continued).
Kemp, L. S.
Luce, D. S.
MacPherson, W. E.
Tenney, W. N.

CARLISLE (Middlesex North).

CARVER (Plymouth).

CHARLEMONT (Franklin).

Charlestown (Middlesex South). (BOSTON).
Duff, John
Duff, John, Jr.
Fitzpatrick, J. J.
Flagg, H. H.
Grandison, W. G.
Hammond, W. P.
Hurley, D. J.
Lyons, J. B.
Magurn, F. T. L.
McDermott, J. E.
McNally, W. J.
Morris, M. A.
O'Brien, J. F.
Patterson, W. F.
Plummer, E. M.
Silva, F. P.
Sprague, R. W.
Wood, N. M.

CHARLTON (Worcester).

CHATHAM (Barnstable).
†Gifford, B. D.

CHELMSFORD (Middlesex North).
(See also: North Chelmsford.)
Howard, Amasa
Scoboria, A. G.

CHELSEA (Suffolk).
Aaronson, Jacob
†Chipman, W. R.
Cutler, C. N.
Dennett, P. C.
Fenwick, G. B.
Garrett, F. S.
Golob, Meyer
Guild, E. F.
McClintock, F. B.
Meyers, H. B.
Nigro, Michele
†Putnam, J. M.
Raddin, F. S.

CHESHIRE (Berkshire).

CHESTER (Hampden).
Lanpher, H. A.

CHESTERFIELD (Hampshire).

Chestnut Hill (NEWTON).
Baldwin, H. T.
Briggs, E. C.
Curtis, F. G.
Gay, G. W.
Holmes, G. W.
Johnson, M. W. L.

CHICOPEE (Hampden).
(See also: Chicopee Falls, Willimansett.)
Gallagher, J. H. C.

Chicopee Falls (CHICOPEE).
Beauchamp, J. O.
Cooley, A. L.
Dutton, F. K.

Chicopee Falls (continued).
†Gibbs, L. J.
Mannix, L. E.
Shea, M. I.

CHILMARK (Bristol South).

CLARKSBURG (Berkshire).

Cliftondale (SAUGUS).
Danforth, H. A.
Harris, L. W.
Penny, H. T.
Penny, M. M.
Perkins, T. T.

CLINTON (Worcester).
Abbott, C. R.
Bowers, W. P.
Chase, G. L.
French, C. L.
Goodwin, J. J.
Grady, P. A. S.
Grady, T. H.
Kirby, J. R.
Mackay, E. H.
Monahan, J. A.
Morse, I. M.
Tobey, G. L.

Cochituate (FRAMINGHAM).
Sparks, E. E.

COHASSET (Norfolk South).
Hinchliffe, Frederick
Howe, O. H.
Osgood, George

COLRAIN (Franklin).
Cram, J. W.
Mather, J. A.

CONCORD (Middlesex South).
(See also: Concord Junction.)
Cheney, F. E.
†Emerson, E. W.
Lord, S. A.
Titcomb, G. E.
Walcott, H. J.
Wentworth, M. H.

Concord Junction (CONCORD).
Fernald, G. G.
Pickard, I. L.

CONWAY (Franklin).

Cotuit (BARNSTABLE).
Haskins, S. F.

CUMMINGTON (Hampshire).
†Stutson, W. P.

Cushman (AMHERST).
Fuller, A. H.

DALTON (Berkshire).
MacKay, G. F.
Schofield, W. W.
Sullivan, P. J.

DANA (Worcester).
(See also: North Dana.)

DANVERS (Essex South).
(See also: Hathorne.)
Baldwin, F. W.
Buck, C. L.
Deering, C. F.
Mains, H. L.
Marsh, A. P.
Moriarty, J. J.
Niles, E. H.
Sparhawk, C. W.

DARTMOUTH (Bristol South).
(See also: South Dartmouth.)

DEDHAM (Norfolk).
(See also: East Dedham.)
Batchelder, H. G.
Finn, E. W.
Hodgdon, A. H.
Pratt, J. W.
Worthington, A. M.
Young, W. H.

DEERFIELD (Franklin).
(See also: South Deerfield.)
Thorn, E. C.

DENNIS (Barnstable).
(See also: Dennisport, South and West Dennis.)

Dennisport (DENNIS).
Ginn, D. R.

DIGHTON (Bristol North).
Baker, H. B.

Dorchester (Norfolk) (BOSTON).
(See also: Mattapan.)
Abbe, F. R.
Adams, H. W.
Allard, C. E.
Bailey, F. J.
Ballou, A. R.
Barker, W. W.
Batchelder, W. B.
Berlin, M. G.
Borman, M. I.
Bliss, G. D.
Bogan, F. L.
Brayton, R. W.
Brearton, E. J.
Brown, F. B.
Butler, J. E.
Carroll, C. C.
Carruth, S. S.
Cavanaugh, C. R.
Ceconi, J. A.
Coffin, A. B.
Costello, J. H.
Croke, L. W.
Crossman, F. A.
Crowell, Samuel
Curran, S. F.
Davis, W. H.
Davison, A. H.
Day, E. P.
Dervin, P. J.
Devenny, J. H.
Dewey, C. G.
Dexter, R. B.
Dobson, W. M.
Draper, A. L.
Drummey, N. D.
Duckering, W. W.
Eldridge, D. G.
Emerson, F. L.
Emery, W. C.
Evans, M. H. A.
Faxon, E. W.
Fennessey, J. F.
Foster, A. N.
Gaetani, A. L.
Giblin, F. J.
Golub, J. J.
Gordon, S. F.
Graves, B. A.
Hallisey, J. E.
Hammond, W. J.
Hardwick, E. V.
Hartnett, E. H. L.
Harrington, D. J.

Dorchester (continued).
Harrington, H. L.
Hawkins, Henry
Hemeon, F. C.
Ingoldsby, J. E.
Johnston, William
Kelley, H. J.
Kelley, J. H. H.
Kelly, J. M.
Kent, Bradford
Lane, J. W.
Levine, H. B.
Loewe, W. R.
Macauley, J. A.
Macdonald, A. A.
McCartin, J. E.
McEvoy, G. A.
McQuade, L. S.
Mahoney, F. X.
Mains, C. F.
Mansfield, J. A.
Marr, M. W.
Martin, D. L.
Martin, H. W.
May, J. V.
Merrick, R. M.
Miller, C. H.
Morrison, Hyman
Murray, P. J.
Myrick, H. G.
Noble, M. G.
Norton, H. R.
Nute, Marion
O'Brien, J. J.
Osman, C. F.
Parker, W. H.
Parsons, F. S.
Parvey, Benjamin
Phillips, W. F.
Rapoport, Boris
Regan, J. J.
Reilly, J. A.
Roberts, L. A.
Rogers, O. F.
Rogers, O. F., Jr.
Rood, L. C.
Scales, R. B.
Scanlan, T. J.
Schmidt, R. D.
Shapira, V. I.
Sheppard, P. A. E.
Sherburne, A. E.
Sleeper, F. W.
Starbird, E. P.
†Stevens, G. B.
Stone, H. E.
Sturnick, Max
Sullivan, J. J.
Sullivan, J. T.
Thurber, M. T.
Towle, H. C.
Treanor, J. P.
Twitchell, E. T.
Walton, W. J.
Watson, F. G.
Watts, H. F. R.
White, P. D.
Williams, Joseph
Wylie, E. C.

DOUGLAS (Worcester).

DOVER (Norfolk).
Emmons, A. B., 2nd.

DRACUT (Middlesex North).

DUDLEY (Worcester).

DUNSTABLE (Middlesex North).

DUXBURY (Plymouth).
†Durgin, S. H. (Millbrook P. O.)
Noyes, N. K.
Spalding, Roger

East Boston (BOSTON).
Bonney, Robert
Bowen, E. E.
Bragdon, H. E.
Ensworth, W. H.
†Grainger, W. H.
Hartnett, E. D.
Houghton, R. H.
Hudson, C. B.
Hurley, D. B.
Morrison, W. A.
Myers, Solomon
O'Keefe, M. W.
Papen, G. W.
Schwartz, G. H.
Sisson, Mitchell
Tallman, A. L.
Taylor, J. D.
Tilton, F. H.

East Bridgewater (BRIDGEWATER).
Bannerman, W. B.

East Cambridge (CAMBRIDGE).
Clancy, W. H.
Fair, J. F.

East Dedham (DEDHAM).
Drew, F. P.

East Gardner (GARDNER).
Thompson, C. E.

EASTHAM (Barnstable).

EASTHAMPTON (Hampshire).
Burke, J. J.
Cobb, O. W.
Hiltpold, Werner
Pond, L. B.
Williams, E. D.
Winslow, E. S.

East Longmeadow (LONGMEADOW).
Curtis, H. F.

East Norfolk (NORFOLK).
Neff, I. H.

EASTON (Bristol North).
(See also: North Easton.)

East Taunton (TAUNTON).
Adams, W. C.

East Walpole (WALPOLE).
Vivian, W. J.

East Weymouth (WEYMOUTH).
Doucett, F. L.
Fraser, J. C.
Libby, J. H.

EDGARTOWN (Bristol South).
Worth, E. P.

EGREMONT (Berkshire).

ENFIELD (Hampshire).
Segur, W. B.

ERVING (Franklin).
Johnson, F. E.

ESSEX (Essex South).
Steeves, E. C.

EVERETT (Middlesex South).
Bass, Harris
Bruce, J. A.
Conroy, P. J.
Cornish, S. W.
Dickinson, G. W.
Hanson, W. G.
Harrington, C. W.
Howe, W. L.
Jackson, A. A.
Keaney, H. J.
McAllester, R. W.
McQuaid, T. B.
Morris, R. H.
Niles, J. O. G.
Ordway, C. A.
Rogers, F. A.
Whitehill, G. E.
Young, E. W.

FAIRHAVEN (Bristol South).
Horne, L. W.

FALL RIVER (Bristol South).
Abbe, A. J.
Almy, Thomas
Barnes, F. R.
Barré, J. A.
Blanchette, W. H.
Blood, G. W.
†Bowen, S. W.
Bright, J. C.
Brown, R. F.
Buck, A. W.
Butler, G. E.
Butler, R. B.
Butler, W. H.
Chace, F. A.
Cone, D. E.
Connell, A. I.
Creamer, W. H.
Crispo, P. T.
Curry, E. F.
Dolan, W. A.
Fennelly, D. J.
French, R. W.
Gifford, J. H.
†Gilbert, John
Gordon, S. M.
Gunning, T. F.
Herbert, Edward
Hicks, G. H.
Jackson, O. H.
Jackson, R. W.
Kerrigan, J. J.
King, G. C.
LaLiberté, E. J.
Learned, W. T.
Lewis, A. C.
Lindsey, J. H.
Lowney, J. F.
MacKnight, A. S.
Macrae, A. C.
Marvell, M. W.
McCarthy, E. A.
Merritt, S. V.
Morriss, W. S.
Normand, J. N.
O'Brien, J. F.
Partington, C. B.
Pritchard, W. P.
Richards, G. L.
Ryder, D. R.
Sandler, Samuel
Simmons, R. H.
Stansfield, C. W.
Sullivan, L. J.
Sundelöff, E. M. E.
Synan, W. E.
Tennis, M. N.
Trainor, J. B.

FALL RIVER (continued).
Truesdale, P. E.
Wardle, Henry
Warren, T. F.
Wilbur, H. G.
Wright, W. F.

FALMOUTH (Barnstable).
(See also: Waquoit and West Falmouth.)
Tripp, E. P.

Feeding Hills (AGAWAM).
Hastings, J. W.

Fisherville (GRAFTON).
Charbonneau, N. N.

Fiskdale (STURBRIDGE).
†Rice, A. B.

FITCHBURG (Worcester North).
Baker, L. F.
Barton, J. A.
Burns, R. F.
Carey, B. W.
Chandler, C. L.
Church, C. H.
Donovan, T. R.
Finnigan, F. A.
Fish, Louis
Fiske, E. L.
Fregeau, A. N.
Gay, C. B.
Jacques, Hector
Jennings, C. H.
Jones, R. C.
Kearney, J. H.
Killelea, E. V.
Lane, C. R.
Lowell, A. P.
McMurray, F. M.
Mason, A. P.
Miller, E. P.
Morgner, R. A.
Norton, G. P.
O'Malley, E. F.
Quessey, A. H.
Rice, R. A.
Rodrick, A. F.
Sawyer, W. F.
Stimson, J. W.
Thompson, F. H.
Thompson, F. H., Jr.
Tully, E. J.
Woodworth, D. S.

Florence (NORTHAMPTON).
Taylor, Walter

FLORIDA (Berkshire).

Forest Hills (Norfolk) (BOSTON).
Prescott, W. H.

FOXBOROUGH (Norfolk).
Bragg, F. A.
Carlisle, F. H.
Crocker, B. P.
Kenworthy, M. E.
Moore, F. P.

FRAMINGHAM (Middlesex South).
(See also: Cochituate, Framingham Center.)
Armstrong, D. B.
Baldwin, S. O.
Benner, H. O.
Bodwell, W. M.
Dodd, J. E.
Flett, P. McN.

FRAMINGHAM (continued).
Glass, James
Harriman, C. E.
Healy, D. L.
Jessaman, L. W.
Morrow, W. R.
Owen, A. S.
Palmer, L. M.
Potter, F. W.
Potter, J. C.
St. Clair, A. E.
Spaulding, E. R.
Sullivan, E. A.

Framingham Center (FRAMINGHAM).
Bigelow, E. H.
Stone, A. K.

FRANKLIN (Norfolk).
†Faxon, E. M.
Gallison, A. J.

FREETOWN (Bristol North).
Briggs, C. A.

GARDNER (Worcester North).
(See also: East Gardner.)
Andrews, Oren
Bailey, C. H.
Bone, H. D.
Eliam, H. W.
†Greenleaf, J. R.
Heininger, A. G.
Lachance, A. P.
Lowell, A. F.
Lundwall, L. S. B.
McClintock, Elsie
Paine, H. L.
Sawyer, E. A.
Smith, W. D.
Waters, J. E.

GAY HEAD (Bristol South).

GEORGETOWN (Essex North).
Holmes, H. F.
Hoyt, E. M.
†Root, R. B.
Root, R. R.

GILL (Franklin).

GLOUCESTER (Essex South).
(See also: Annisquam.)
Burnham, Parker
Carvell, Hanford
Choate, H. H.
Cook, S. P. F.
Egan, J. J.
Finegan, D. J.
†Garland, A. S.
Garland, Roy
Hallett, E. B.
Hubbard, E. D.
Knowles, J. H.
Moore, P. P.
Mooring, S. W.
Morrow, C. H.
Proctor, P. C.
Rowley, William
Shinn, P. A.
Torrey, A. S.

GOSHEN (Hampshire).

GOSNOLD (Bristol North).

GRANBY (Hampshire).

GRAFTON (Worcester).
(See also: Fisherville and North Grafton.)
Guild, F. W.

GRANVILLE (Hampden).
White, C. A.

GREAT BARRINGTON (Berkshire).
(See also: Housatonic.)
Chapin, C. S.
Kennedy, E. A.
Parks, S. H.

GREENFIELD (Franklin).
Best, E. G.
Canedy, C. F.
Clark, W. K.
Croft, B. P.
Greenough, C. M.
Howe, H. N.
Johnson, A. E., Jr.
Kemp, H. M.
McConnell, D. J.
Millett, F. A.
O'Brien, J. C.
Stetson, H. G.
Twitchell, G. P.
Zabriskie, F. H.

GREENWICH (Hampshire).

GROTON (Middlesex North).
Kilbourn, A. G.

GROVELAND (Essex North).
Bagnall, E. S.

HADLEY (Hampshire).
Johnson, H. L.
Smith, F. H.

HALIFAX (Plymouth).

HAMILTON (Essex South).
(See also: South Hamilton.)
Corcoran, J. G.

HAMPDEN (Hampden).

HANCOCK (Berkshire).

HANOVER (Plymouth).
Hammond, Charles
†MacMillan, A. L.

HANSON (Plymouth).

HARDWICK (Worcester).

HARVARD (Worcester).
Royal, H. B.

HARWICH (Barnstable).
(See also: West Harwich.)
Handy, H. D.
Miller, P. F.

Hathorne (DANVERS).
Brewster, D. T., Jr.
Bryan, W. A.
Chronquest, A. P.
Kandib, A. H.
Macdonald, J. B.
Patterson, A. M.
Thompson, W. J.
Trueman, N. G.

HATFIELD (Hampshire).
†Barton, C. M.
Bonneville, A. J.
Byrne, C. A.

HAVERHILL (Essex North).
(See also: Bradford.)
Armitage, H. G.
Benson, C. S.

HAVERHILL (continued).
Bryant, J. E.
Capeles, T. F.
Carden, C. J.
Chaput, L. R.
†Chase, I. E.
Clarke, I. J.
Coffin, F. H.
Cogswell, William
Conner, H. L.
Coon, W. H.
Cooney, M. B.
Cotter, T. F.
Croston, J. F.
Donahue, Hugh
Dunn, C. S.
Durant, C. E.
Ferrin, W. W.
Fitzgerald, J. J.
George, A. P.
Holbrook, C. A.
Holden, W. D.
Hubbell, A. M.
Kelleher, J. E.
Laskey, E. P.
Macdougall, Duncan
McFee, W. D.
McLaughlin, A. O.
Mindlin, Carl
Mysel, H. A.
Nettle, Paul
Perkins, H. B.
Pierce, F. B.
Pitcher, H. F.
Popoff, Constantine
Robinson, W. P.
Ruel, J. A.
Sproull, John
Still, C. W.
Stokes, L. T.
Stone, T. N.
Sullivan, F. A.
Symonds, A. G.
Trull, A. C.
Whitney, G. B.
Whitten, G. E.

HAWLEY (Franklin).

Haydenville (WILLIAMSBURG).
Perry, C. E.
Wheeler, C. H.

HEATH (Franklin).

HINGHAM (Norfolk South).
Day, C. O.
Dorr, C. A.
Morse, A. G.
Peterson, J. A.
Spooner, L. H.
Whelan, Charles

HINSDALE (Berkshire).

HOLBROOK (Norfolk South).
Cole, A. J.
Crawford, F. W.
Kennison, F. M.

HOLDEN (Worcester).
Stickney, C. W.
Washburn, F. H.

HOLLAND (Hampden).

HOLLISTON (Middlesex South).

HOLYOKE (Hampden).
†Allen, C. A.
Allen, F. H.
Bagg, E. P., Jr.
Bauman, J. L.

HOLYOKE (continued).
Bigelow, J. B.
Bliss, J. L.
Bouvier, C. W.
Brady, W. F.
Brindamour, J. E.
Carroll, J. J.
Cavanaugh, T. E.
Celce, F. F.
Celce, J. H.
Clark, G. H.
Clarke, L. H.
Cleary, R. E.
Cox, S. C.
Davis, E. M.
Dickson, R. E.
Donoghue, D. F.
Farr, I. H.
Forster, J. F.
Franz, Adolph
Gabler, G. L.
Greaney, W. F.
Hand, E. P.
Henderson, G. D.
Holyoke, Frank
Hubbard, J. C.
Hunt, A. E. P.
Hunt, G. E.
Hurley, P. E.
Hussey, E. J.
Kilburn, I. N.
Kinne, G. L.
Knowlton, E. A.
Mahoney, S. A.
McCabe, J. J.
Monty, A. H.
Morrison, R. F.
Potts, J. H.
Powers, W. J.
Rosenbloom, C. W.
Ryan, W. P.
Shine, H. K.
Sullivan, E. F.
Taylor, G. L.
Warren, E. D.
Wetherell, A. B.

HOPEDALE (Worcester).

HOPKINTON (Middlesex South).
Playse, L. F.

Housatonic (GREAT BARRINGTON).
Jones, W. W.
Luchsinger, H. W.

HUBBARDSTON (Worcester).
Knowlton, W. T.

HUDSON (Middlesex South).
Breen, J. H.
Hunter, N. McL.

HULL (Norfolk South).
(See also: Allerton.)
Sylvester, C. P.

HUNTINGTON (Hampshire).
Mace, C. H.

Hyannis (BARNSTABLE).
Binford, F. A.
Chase, H. B.
Harris, C. E.
Hawes, E. E.

Hyde Park (Norfolk) (BOSTON).
Baxter, E. H.
Bennett, W. H.
Bryant, C. E.
Carr, P. W.

Hyde Park (continued).
Cullen, C. A.
Ellis, E. K.
O'Connor, J. H.
Stack, C. F.

Indian Orchard (SPRINGFIELD).
Harrington, M. W.
Riordan, A. H.
Smith, S. F.
Whitney, E. W.
Whitney, H. M.

IPSWICH (Essex South).
Bailey, G. G.
MacArthur, G. E.
McGinley, M. C.

Jamaica Plain (Norfolk) (BOSTON).
Anderson, V. V.
Berry, W. C.
Bigelow, A. H.
Bond, S. A.
Broderick, F. P.
†Broidrick, J. P.
Broughton, A. N.
Broughton, H. W.
Callahan, H. A.
Chadwell, D. R.
Collier, L. H. G.
Cowles, W. N.
Dane, John
Dole, K. L.
Emerson, N. W.
Emmons, H. M.
Ernst, H. C.
Faunce, C. B., Jr.
Fitz-Simmons, H. J.
Hill, L. W.
Holland, H. T.
Howland, G. L.
Johnstone, W. J.
Lane, E. B.
Leard, J. S. H.
Leary, O. C.
Leary, Timothy
McCready, L. T.
McKenna, F. P.
McMann, W. H.
Malone, Charles
Murphy, H. A.
O'Brien, W. J. L.
O'Keefe, D. T.
Ordway, M. D.
Perry, A. P.
Reid, I. E. R.
Richardson, F. L.
Richardson, M. W.
Robinson, W. H.
Rollins, E. T.
Safford, M. V.
Solomon, H. C.
Stedman, J. C.
Stone, J. G.
Turnbull, F. M.
Vickery, L. F.
Woodworth, J. D. R.

KINGSTON (Plymouth).
Holmes, A. B.

LAKEVILLE (Bristol North)
Glidden, E. W., Jr.

LANCASTER (Worcester).
Beckley, C. C.

LANESBOROUGH (Berkshire).
Barnes, L. D.
Downing, F. C.

LAWRENCE (Essex North).
Adamian, H. G.
Allen, G. S.
Bain, J. B.
Bannon, J. H.
Bartley, J. J.
Beely, L. G.
Berr, A. W.
Bier, M. D.
Birmingham, R. M.
Burgess, C. J.
Burnham, J. F.
Bushold, F. G.
Calitri, Constant
Chesley, A. E.
Cody, P. W.
Conlon, F. A.
Crandall, W. M.
Cregg, F. A.
Cyr, E. E.
Daly, T. J.
Deacy, J. J.
Dorgan, J. A.
Dorion, Kinton
Dow, G. W.
Eldam, C. H.
Forster, R. W.
Fuller, E. P.
Grant, W. V.
Hilton, J. J. H.
Hogan, J. A.
Howard, J. F.
Hughes, P. J.
Joyce, T. F.
Kaplovitch, Henry
Kurth, G. E.
Lawlor, E. F.
Leith, R. B.
Lemleux, T. A.
Levek, J. A.
Manahan, H. W.
Massé, J. B.
McArdle, J. J.
McGauran, M. S.
McKallagat, P. L.
Merrill, W. H.
Moeckel, C. R.
Murphy, T. W.
Nevers, H. H.
Oeser, P. R.
O'Reilly, F. A.
O'Sullivan, J. J.
Redmond, T. H.
Riordan, W. D.
Sargent, G. B.
Sargent, O. F. L.
Scanlon, J. M.
Scarito, N. J.
Schwartz, Myer
Simon, A. L.
Sinclitico, Guiseppe
Siskind, A. L.
Sullivan, J. J.
Sullivan, M. F.
Sullivan, W. J.
Tiani, Bernardo
Uniac, T. V.
Walch, J. F.

LEE (Berkshire).
Hassett, J. J.
Markham. E. W.

LEICESTER (Worcester).
(See also: Rochdale.)
McNeish. Alexander

LENOX (Berkshire).
Carroll, M. J.
Jaques, H. P.

LEOMINSTER (Worcester North).
Bigelow, C. E.
Brigham, C. S.
Currier, W. E.
Hall, H. P.
Nye, H. R.
Pierce, A. H.
Pitcher, H. B.
Shultis, F. C.
Sweeney, B. P.
Wheeler, A. A.

LEVERETT (Franklin).

LEXINGTON (Middlesex South).
Barnes, W. L.
Piper, F. S.
Smithwick, M. P.
Tilton, J. O.
Tyler, W. M.
Valentine, H. C.

LEYDEN (Franklin).

LINCOLN (Middlesex South).
(See also: South Lincoln.)
Brooks, W. A.
Loring, R. G.

LITTLETON (Middlesex North).

LONGMEADOW (Hampden).
(See also: East Longmeadow.)

LOWELL (Middlesex North).
Alling, M. L.
Baker, C. S.
Beaudet, E. A.
Bellehumeur, D. S.
Benner, B. R.
Bertrand, A. E.
Blanchard, P. D.
Boyle, J. F.
Brady, F. R.
Brunelle, Pierre
Bryant, M. D.
Caisse, G. E.
Carroll, T. F.
Cassidy, J. J.
Clark, E. J.
Colburn, H. F.
Collins, W. M.
Dennett, A. G.
Drury, J. N.
Ellison, D. J.
Fishman, Maurice
French, C. E.
Gage, F. L.
Gage, J. A.
Gardner, A. R.
Giguere, A. J.
Halpin, A. J.
†Huntress, Leonard
Jackson, W. B.
Jewett, H. W.
Johnson, J. B. A.
Johnson, W. A.
Jones, R. LeR.
Jones, W. M.
Kearney, J. P.
Lambert, J. H.
Lamoureaux, J. E.
†Lathrop, W. H.
Lavalée, G. O.
†La Vigne, A. W.
Lawler, W. P.
Leahy, G. A.
Livingston, C. B.
Livingston, E. G.
Loughran, J. F.

LOWELL (continued).
Lovesey, B. E.
Mahoney, F. R.
Martin, G. F.
McAdams, J. P.
McCarty, J. J.
McCluskey, R. J.
McGannon, T. G.
Meehan, P. J.
Mehan, J. A.
Meigs, R. J.
Mignault, Rodrigue
Murphy, E. M.
Murphy, F. P.
O'Conner, J. B.
Parker, R. W.
Perkins, R. S.
Pillsbury, B. H.
Pillsbury, F. F.
Pillsbury, G. H.
Plunkett, H. B.
Pulsifer, Nathan
Robertson, E. A.
Rodger, J. V.
Roughan, C. M.
Ryan, W. F.
†Sanders, C. B.
Shaw, A. E.
†Shaw, T. P.
Simpson, C. E.
Smith, F. H.
Smith, T. B.
Stewart, R. C.
Sumner, H. H.
Sweetsir, C. L.
Tabor, E. O.
Tighe, M. A.
Van Deursen, G. L.
Viles, C. A.
Welch, E. J.
Wilson, C. D.
Young-Slaughter, E. E.

LUDLOW (Hampden).
Hoyt, P. A.

LUNENBURG (Worcester North).
Woods, C. E.

LYNN (Essex South).
Abbott, H. E.
†Ahearne, C. A.
Bedard, J. A.
Bennett, H. P.
Berg, T. A. J.
Bixby, O. E.
Blair, O. C.
Blaisdell, J. H.
Bowen, A. P.
Breed, N. P.
Burrows, M. C.
Burns, W. L.
Clarke, H. C.
Cobb, C. M.
Darling, A. E.
Davis, H. L.
Davis, S. R.
De Langle, C. P.
Dennison, A. S.
Devlin, P. C.
Dezell, F. B.
Donovan, M. R.
Driscoll, De C. J.
Fraser, W. L.
Garipay, E. P.
Grady, T. F.
Grant, J. H.
Gray, G. H.
Hagopian, L. G.
Harriman, Perley
Harris, A. E.

LYNN (continued).
Harris, W. DeB.
Hartman, Gustave
Hassett, L. W.
Hawes, A. T.
Hearn, W. L.
Hennessey, T. F.
Hoitt, C. L.
Hopkins, W. T.
Jenkins, C. E.
Johnson, H. A.
Jones, E. W.
Joslyn, A. E.
Judkins, C. L. M.
Judkins, F. L.
Kane, W. V.
Kirkpatrick, G. H.
Lane, F. A. (East Lynn)
Lemaire, W. F. (East Lynn)
Limauro, L. H.
Little, W. B.
Lougee, F. T.
Lougee, G. W.
Lovejoy, C. A.
Lovell, C. D. S.
Lyons, G. A.
McIntire, F. G.
McLennan, W. E.
MacRobbie, Alexander
Mangan, J. J.
Manix, E. T.
Marshall, W. R.
Martel, Stanislaus
Martin, A. H.
Martin, J. B.
Mathes, R. W.
Merrill, C. H.
Merrill, E. A.
Metzger, Butler
Morse, F. A.
Mott, G. E.
Nathanson, E. S.
Newhall, A. L.
Newhall, H. F.
Newhall, H. W.
Oak, C. A.
O'Keefe, E. S.
O'Reilly, W. F.
Peck, M. W.
Pinkham, J. G.
Rafferty, T. B.
Rich, C. E.
Ruppel, C. E. F.
Ruppel, M. D.
Sheldon, C. C.
Smith, M. C.
Stone, F. E.
Trask, J. W.
Tucker, A. W.
Underhill, S. G.
Wainshel, P. W.
Ward, W. G.
White, Everett
Worthen, C. A.
Zarella, A. M.

Lynnfield (Essex South).
Freeman, F. W.

MALDEN (Middlesex South).
Barron, E. W.
Brown, R. N.
Bychower, Victor
Clarke, M. E.
Clarke, W. E.
Conley, B. F.
Corbett, J. J.
Cummings, M. E.
Deal, G. F.
Gallagher, N. A.
Gay, F. W.

MALDEN (continued).
†Goodwin, R. J. P.
Griffin, A. G.
Hartwell, W. W.
Hoberman, Samuel
Hunt, W. E.
Jones, C. D.
Kingsbury, W. W.
Lawrence, J. W.
Lougee, W. W.
MacDonald, W. C.
MacMichael, E. H.
MacNeil, S. S. J.
McBain, W. H.
McCarthy, C. D.
McCarthy, C. D., Jr.
McCarthy, E. J.
McCarthy, L. F.
†Norris, A. L.
Plummer, F. J.
Prior, C. E.
Proctor, J. W.
Ryder, Godfrey
Silver, L. S.
Staples, C. H.
Stevens, A. J.
Thompson, R. H.
Watts, H. A.

Manchaug (SUTTON).
Couillard, P. L.

MANCHESTER (Essex South).
Blaisdell, G. W.
Glendenning, R. T.

MANSFIELD (Bristol North).
Allen, W. H.
Cook, J. W.
Dunbar, F. H.
Latham, B. M.

MARBLEHEAD (Essex South).
Eveleth, S. C.
Greenwood, A. M.
Haley, W. T.
Hall, H. J.
Ireson, F. R.
Prouty, I. H.
Sanborn, P. L.

MARION (Bristol South).
Cobb, A. C.
Hopkins, R. H.

MARLBOROUGH (Middlesex South)
Chalmers, H. E.
McCarthy, T. F.
Merrill, C. H.
Reilly, T. E.
Robinson, H. A.
Smith, C. W.
Stevens, R. E.
Warner, C. T.

MARSHFIELD (Plymouth).
Bartlett, C. W.

Marshfield Hills (MARSHFIELD).
Davis, G. R.
Strong, S. L.

MARSTON'S MILLS (Barnstable).
Higgins, J. H.

MASHPEE (Barnstable).
Mattapan (Norfolk) (BOSTON)
Abbot, F. H.
Cheever, A. J.
Cheever, C. A.
Ferguson, E. H.
Fleming, P. J.

Mattapan (continued).
Grover, J. I.
Guild, T. E.
Kelley, R. E. S.
McPeake, J. R.
Morse, N. N.
Noble, E. C.
St. Denis, J. N.
Scannell, J. J.
Stearns, R. T.
White, A. J.
Winchester, G. W.

MATTAPOISETT (Bristol South).
Blaine, W. E.
Tilden, I. N.

MAYNARD (Middlesex South).
Flaherty, E. J.
Hamblen, Howard

MEDFIELD (Norfolk).
McPherson, G. E.
Mitchell, Arthur
Morse, H. L.

MEDFORD (Middlesex South).
(See also: West Medford).
Barrett, E. W.
Burke, W. T.
Chandler, N. F.
Clark, M. W.
Donnell, H. A.
Fleming, E. R.
Gahan, P. F.
Guthrie, A. D.
Ilsley, F. R.
Leavitt, M. A.
Sise, L. F.

MEDWAY (Norfolk).
(See also: West Medway.)
Yeaton, G. W.

MELROSE (Middlesex East).
(See also: Melrose Highlands.)
†Clark, J. S.
Fay, J. H.
Fish, E. C.
Jack, E. S.
Jackson, H. B.
Leonard, R. D.
Marr, E. L.
Perley, R. D.
Pike, F. F.
Raynes, M. B.
Ruble, W. A.
Sims, F. R.
Small, A. E.
Stratton, R. R.

Melrose Highlands (MELROSE).
Gage, A. T.
Harlow, C. W.
Provandie, P. H.

MENDON (Worcester).

MERRIMAC (Essex North).
Sweetsir, F. E.

METHUEN (Essex North).
Baketel, R. V.
Cushman, H. L.
Cutter, A. H.
Dearborn, H. F.
Lawlor, R. H.
McAllister, F. D.
Norris, R. C.
Nutt, W. E.
Parr, John
Reed, V. A.

MIDDLEBOROUGH (Bristol North).
Breck, Samuel
Coolidge, Sumner
Elliott, Alfred
†Ellis, G. L.
Holmes, D. H.

MIDDLEFIELD (Hampshire).

MIDDLETON (Essex South).
Ewing, G. W.

MILFORD (Worcester).
French, J. M.
Keith, H. L.
Knight, M. W.
Lally, F. H.

MILLBURY (Worcester).
Church, C. A.
Hurd, A. G.
Lincoln, J. R.

Miller's Falls (MONTAGUE).
Cudworth, C. D.

MILLIS (Norfolk).
Hill, E. L.

MILTON (Norfolk).
Bartol, E. F. W.
Edsall, D. L.
Foot, N. C.
Forbes, Alexander
Kite, W. C.
Lane, W. A.
McCarthy, F. P.
Pierce, G. B.
Pierce, M. V.
Rackemann, F. M.
Rowe, C. A.
Williams, C. H.

Mittineague (WEST SPRINGFIELD).
Downey, H. A.

MONROE (Franklin).

MONSON (Hampden).
Ellis, F. W.
Jackson, C. W.

MONTAGUE (Franklin).
(See also: Miller's and Turner's Falls.)

MONTEREY (Berkshire).

MONTGOMERY (Hampden).

MOUNT WASHINGTON (Berkshire).

NAHANT (Essex South).
Cusick, L. F.

NANTUCKET, (Bristol South).
Grouard, J. S.
Lewis, F. E.

NATICK (Middlesex South).
(See also: South Natick.)
Bancroft, G. A.
Baum, E. G.
Burke, M. F.
Cochran, W. J.
Cook, C. H.
Rowland, E. G.
Sylvester, W. H.
Walcott, W. W.

NEEDHAM (Norfolk).
(See also: Needham Highlands.)

NEEDHAM (continued).
DeLue, F. S.
MacGray, C. L.
†Mansfield, H. T.
Parker, F. D.
Pease, C. W.

Needham Highlands (NEEDHAM).
Mitchell, William

NEW BEDFORD (Bristol South).
Allen, H. C.
Atchison, C. M.
Bonnar, J. M.
Bonney, C. A., Jr.
Brunelle, A. L.
Bullard, J. T.
Burt, C. E.
Canney, E. R.
Cody, E. F.
Connor, C. F.
Croacher, A. W.
Dehn, E. W.
Donovan, S. E.
Foster, E. E.
Frasier, J. A.
Gardner, E. D.
Gennert, Jacob
Grocshinsky, Herman
Hathaway, J. G.
Hayes, S. W.
Hough, G. de N.
Howes, F. M.
Hudnut, F. J.
Johnson, E. St. J.
Kirby, H. C.
La Riviere, A. de C. E.
Leary, C. J.
Lowney, D. J.
Mandell, A. H.
Marsden, George
Mathewson, F. W.
Moncrieff, W. A.
†Nickerson, W. J.
Nield, W. A.
O'Brien, D. P.
O'Connor, P. H.
Paquin, J. U.
Pearce, G. G.
Perras, L. A.
Perry, H. E.
Peterson, C. A. B.
Pitta, J. C. da S.
Pothier, J. C.
Potter, L. F.
Pratt, C. A.
Pratt, D. D.
†Prescott, C. D.
Prevost, R. G.
Robbins, E. E.
Robbins, E. S.
Roche, T. N.
St. Germain, J. P.
Salles, J. M.
Seaver, E. P., Jr.
Segall, S. K.
Senesac, A. N.
Shanks, Charles
Stetson, F. E.
Stevens, H. L.
Taveira, A. J.
Tilton, E. E.
Turner, W. K.
Weeks, J. F.
Wheeler, E. H.
Whitney, E. M.
Winslow, R. S.
Young, E. W.

NEW BRAINTREE (Worcester).

NEWBURY (Essex North).

NEWBURYPORT (Essex North).
Day, C. C.
Hall, C. F. A.
Hamilton, R. De L.
Healy, T. R.
Hurd, R. C.
Johnson, C. F.
Little, A. N.
Nason, A. C.
Noyes, E. H.
Peter, A. J.
Shaw, J. W.
Snow, F. W.
Tigh, Frederick
Toppan, R. L.

NEW MARLBOROUGH (Berkshire).

NEW SALEM (Franklin).

NEWTON (Middlesex South).
(See also: Newton Center, Newton Highlands, Newton Upper Falls, Newtonville, West Newton, Auburndale, Chestnut Hill, Waban.)
Cummings, A. C.
Dempsey, J. E.
†Eddy, G. S.
Gallagher, T. M.
Leary, A. J.
Marcy, H. O., Jr.
Marston, W. W.
Mellus, Edward
Moore, Howard
O'Donnell, F. M.
Painter, C. F.
Pearson, C. L.
Reid, W. D.
†Stone, L. R.
Stubbs, F. R.
Webber, F. W.
Young, J. H.

Newton Center (NEWTON).
Andrews, E. A.
†Crawford, S. M.
Friedman, L. V.
Hanscom, R. F.
Kirkwood, A. S.
Leonard, E. De W.
†Loring, R. P.
May, G. E.
Sylvester, P. H.
Watters, Henry
West, G. L.

Newton Highlands (NEWTON).
Bartlett, P. C.
Mellen, E. W. A.
Thompson, C. A.
Withee, F. E.

Newton Upper Falls (NEWTON).
†Everett, W. S.
McOwen, W. H.

Newtonville (NEWTON).
Baker, D. E.
Clark, F. R.
Hunt, H. O.
Hunt, W. O.
Miner, L. M. S.
Thayer, H. W.

NORFOLK (Norfolk).
(See also: East Norfolk.)

Norfolk Downs (QUINCY).
Brickett, H. B.

North Abington (ABINGTON).
Curtin, J. F.
Rand, R. B.
Wheatley, F. E.
Wheatley, F. G.

NORTH ADAMS (Berkshire).
Brown, M. M.
Brown, O. J.
Brown, W. E.
Carpenter, R. J.
Curran, G. L.
Matte, J. H. A.
†Millard, H. J.
Riley, J. H.
Russell, E. E.
Stafford, F. D.
Thompson, G. H.

North Amherst (AMHERST).
Stowell, Joab.

NORTHAMPTON (Hampshire).
(See also: Florence.)
Adams, W. H.
Ball, A. N.
Bober, B. A.
Brown, E. W.
Clark, S. A.
Cobb, C. T.
Collins, J. D.
Collins, W. J.
Cooney, M. E.
Copeland, E. H.
Dow, F. E.
Fay, J. M.
†Gardner, C. R.
Gilman, Florence
Greene, E. C.
Hanson, J. G.
Hayes, J. E.
Hilliard, W. D.
Hitchcock, J. S.
Houston, J. A.
Hudnut, P. A.
Hughes, E. H.
Janes, B. F., Jr.
Leeper, M. E.
Minshall, A. G.
Perry, H. B.
Shores, H. T.
Thomas, E. E.

NORTH ANDOVER (Essex North).
Clark, H. A.
Smith, F. S.

NORTH ATTLEBOROUGH (Bristol North).
Carley, F. J.
Gerould, J. B.
Kilby, H. S.
Shoemaker, A. B.

NORTH BILLERICA (Billerica).
Forhan, N. K.

NORTHBOROUGH (Worcester).
†Barnes, H. J.
Stanley, J. M.

NORTHBRIDGE (Worcester).
(See also: Whitinsville.)

NORTH BROOKFIELD (Worcester).
Phelan, E. F.

North Chelmsford (CHELMSFORD).
Varney, F. E.

North Dana (DANA).
Ellis, A. H.

North Easton (EASTON).
Porter, R. B.
Stevenson, W. M.

NORTHFIELD (Franklin).
Newton, A. L.
Philbrick, R. H. (East)
Wood, N. P.

North Grafton (GRAFTON).
Clapp, F. H.
MacIntyre, W. A.
Pattrell, A. E.
Smith, W. L.

North Oxford (OXFORD).
Stone, Byron

NORTH READING (Middlesex East).
Averill, C. W.
MacCorison, C. C.
Willoughby, E. C.

North Weymouth (WEYMOUTH).
Drake, W. A.

North Wilbraham (WILBRAHAM).
Damon, A. L.

NORTON (Bristol North).
Round, A. M.

NORWELL (Plymouth).

NORWOOD (Norfolk).
Fenton, A. A.
Field, H. M.
Fogg, I. S.
Gould, C. S.
Hagerty, J. J.
Hartwell, A. S.
Norton, E. C.
Plimpton, L. H.
Riemer, H. B. C.

OAKHAM (Worcester).

OAK BLUFFS (Bristol South).

ORANGE (Franklin).
Leach, A. C.
Maher, H. C.
Smith, H. F. M.
Ten Broeck, S. J.

ORLEANS (Barnstable).
Besse, F. A.

Osterville (BARNSTABLE).
Kinney, D. D'A.

OTIS (Berkshire).

OXFORD (Worcester).
(See also: North Oxford.)
Fletcher, R. S.
Woodward, J. R.

PALMER (Hampden).
(See also: Bondsville, Thorndike and Three Rivers.)
Caro, Heiman
Cleaves, H. F. T.
Flood, Everett
Greene, R. A.
Hodskins, M. B.
Moore, G. A.
Schneider, J. P.

PAXTON (Worcester).

PEABODY (Essex South).
Carroll, H. G.
Foss, R. E.
Foster, H. K.
Hickey, J. J.
Jordan, J. F.
Kelley, L. K.
Kennard, H. D.

PEABODY (continued).
Manoogian, B. J.
Shanahan, John
Tucker, S. C.
Varney, E. M.

PELHAM (Hampshire).

PEMBROKE (Plymouth).
(See also: Bryantville.)

PEPPERELL (Middlesex North).
Heald, C. G.
Qua, L. R.

PERU (Berkshire).

PETERSHAM (Worcester North).

PHILLIPSTON (Worcester North).

Pigeon Cove (ROCKPORT).
Baker, H. N.

PITTSFIELD (Berkshire).
Bartlett, O. L.
Blanchard, R. H.
Burton, S. C.
Colt, Henry
Currier, W. H.
Dodd, I. S. F.
Eisner, M. S.
England, A. C.
Finkelstein, Nathan
Flournoy, Thomas
Flynn, J. J.
Frawley, W. T.
Hennelly, T. P.
Howard, E. H.
Howe, J. D.
Hunt, G. P.
Kelly, W. P.
Lally, W. J.
Langlois, J. A.
†Leavitt, W. W.
Leslie, C. T.
Littlewood, Thomas
Mayberry, F. E.
Mellen, H. G.
Mercer, W. J.
Merrill, A. P.
Paddock, B. W.
†Paddock, W. L.
Richardson, C. H.
Roberts, F. A.
Roney, H. B.
Schneider, H. A.
Streeter, H. A.
Sullivan, J. A.
Sylvester, A. W.
Tate, H. J.
Taylor, E. H.
Thomes, J. B.
Tracy, W. L.
Walker, M. H., Jr.
Wilder, W. O.
Withington, A. B.
Woodruff, R. A.

PLAINFIELD (Hampshire).

PLYMOUTH (Plymouth).
Brown, W. G.
Burns, H. H.
Churchill, J. D.
†Cowles, Edward
Hill, E. D.
Hitchcock, H. R.
Prince, C. O.
Reed, L. B.

PLYMPTON (Plymouth).

PRESCOTT (Hampshire).

PRINCETON (Worcester).
Lewis, E. S.

PROVINCETOWN (Barnstable).
Birge, E. F.
Birge, W. S.
Cass, F. O.
Curley, C. P.

QUINCY (Norfolk South).
(See also: Atlantic, Norfolk Downs, West Quincy, Wollaston.)
Ahlstrom, Hjalmar
Burke, F. R.
Bushnell, E. H.
Doble, E. E.
Dolan, W. F.
Ellsworth, S. W.
Gordon, J. A.
Hardwick, S. C.
Harkins, W. J.
Hunting, N. S.
Jones, F. E.
Lynch, C. J.
McCausland, W. J.
MacLeod, J. M.
Middleton, W. J.
Reardon, B. D.
Ryder, G. H.
Sargent, W. L.
Sheahan, G. M.
Smith, E. E.

RANDOLPH (Norfolk South).
Granger, F. C.
Higgins, G. V.
Myrick, A. W.

RAYNHAM (Bristol North).

READING (Middlesex East).
Brown, W. J.
Dow, G. F.
Halligan, E. M.
Henderson, C. R.
Marsh, Albert
Richmond, E. D.
Smalley, F. L.

REHOBOTH (Bristol North).

REVERE (Suffolk).
Andrews, F. F.
Bond, W. G.
Cummings, E. F.
Monahan, E. J.
Morris, J. S.
Newton, W. C.
Silbermann, Maurice
Skirball, J. J.
Walker, William
Walsh, J. E.
Wilkins, G. A.

RICHMOND (Berkshire).

Rochdale (LEICESTER).
Leach, E. M.
†Leach, H. M.

ROCHESTER (Bristol South).

ROCKLAND (Plymouth).
Corey, F. H.
Frame, Joseph
Knight, C. E.
Osgood, Gilman.

ROCKPORT (Essex South).
(See also: Pigeon Cove.)
Cleaves, E. E.
Tupper, A. M.

Roslindale (Norfolk) (BOSTON).
(See also: Forest Hills.)
Allen, A. N.
Beede, M. J.
Behrman, R. A.
King, N. J. Q.
Lynch, D. L.
Sawyer, A. R.
Sawyer, E. LeR.
Steele, A. E.
Stevens, Seriah
Whitcombe, C. R.

ROWE (Franklin).

ROWLEY (Essex North).

Roxbury (Norfolk) (BOSTON).
Abbe, E. M.
Adams, John
Addelson, Nathan
Ascher, Joseph
Atwood, B. L.
Avedisan, A. D.
Barry, J. H.
Bartlett, W. O.
Bradley, C. S.
Brown, H. S.
Brownrigg, J. S.
Callanan, S. A.
Clement, G. W.
Cohen, M. M.
Coupal, J. F.
Coyne, T. J.
Cronin, M. J.
Cushman, G. T.
Daly, B. T.
Darling, C. B.
Davidson, K. M.
Dunbar, F. C.
Edelstein, Samuel
†Edson, P. O'M.
Emery, W. H.
Frank, Morris
Galligan, E. T.
Gavin, J. H.
Gay, W. B.
Gerstein, Maurice
Goodman, Samuel
Gray, A. M.
Gray, E. T.
Greene, T. F.
Greene, W. H.
Hall, J. B., Jr.
Hassman, D. M.
Hermann, O. J.
Hodges, A. D.
Holzman, Joseph
Horrax, Gilbert
Howard, H. B.
Howard, M. E. P.
Johnson, D. J.
Johnson, H. L.
Keeler, W. B.
Knowlton, C. D.
Konikow, M. J.
Lawrence, J. L.
Levine, S. A.
Libby, E. N.
Linenthal, Harry
Littlefield, S. H.
Lowrey, L. G.
Luftig, Jacob
Macdonald, C. W.
Macdonald, F. C.
Martin, Edward

Roxbury (continued).
Martin, J. M.
Mason, G. McC.
May, J. S.
McGurn, W. J.
McLaughlin, J. I.
McLeod, J. S.
Morrison, A. B.
Moulton, A. T.
Murphy, E. T.
Murphy, T. J.
Noyes, A. P.
O'Keefe, A. M.
Olin, Harry
Patch, W. T.
Peabody, F. W.
Pigeon, J. C. D.
Powers, E. P.
Pratt, E. A.
Prenn, Joseph
Richmond, Simon
Robins, S. A.
Rochford, G. E.
Rubin, S. H.
Salvin, L. W.
Sanborn, J. W.
Schmidt, F. S.
Schorer, C. B. J.
Scott, G. H.
Shain, A. I.
Shay, C. E.
Shay, T. M.
Sheehan, E. B.
Snow, F. S.
Sternberg, J. E.
Stetson, F. W.
Stone, G. H.
Sughrue, D. F.
Sullivan, J. L.
Taylor, F. L.
Thayer, Eugene
Towne, E. B.
Turetzky, W. L.
Wallace, John
†Wescott, W. H.
West, E. G.
White, H. W.
White, P. D.
White, W. A.
†Williams, E. T.
Winn, C. H.
Young, R. R.

ROYALSTON (Worcester North).

RUSSELL (Hampden).

RUTLAND (Worcester).
Chamberlain, W. E.
Crane, B. T.
Hampsan, N. M.
Howes, W. B.

Sagamore (BOURNE).
Curry, E. F.

SALEM (Essex South).
Ahearne, C. A., Jr.
Aronson, Charles
Atwood, F. S.
Blair, G. K.
Burbeck, E. K.
Carlton, F. C.
Chisholm, L. C.
Clark, DeW. S.
Collins, F. L.
Curtis, C. L.
Donaldson, J. F.
Elliot, H. L.
Field, M. T.

SALEM (continued).
Finnegan, P. J.
Goodell, G. Z.
Gould, C. R.
Haywood, R. W.
Hennessey, W. W.
Kittredge, Thomas
LeBoeuf, A. T.
Lesses, Max
McDermott, W. V.
Mansfield, B. B.
Peirson, E. L.
Perkins, R. S.
Phippen, Hardy
Phippen, W. G.
Porter, Emile
Porter, Horace
Robbins, F. G.
Rushford, E. A.
Sargent, A. N.
Sheehan, W. J.
†Shreve, O. B.
Simpson, J. E.
Sturgis, B. F., Jr.
Towle, E. D.
Tucker, G. E.
Wilson, C. M.

SALISBURY (Essex North).

SANDISFIELD (Berkshire).

SANDWICH (Barnstable).
Beale, S. M., Jr.
Currier, C. R
Procter, T. W.

SAUGUS (Essex South).
(See also: Cliftondale.)
†Gale, G. W. (East)
Parcher, G. C.

SAVOY (Berkshire).

SCITUATE (Plymouth)
(See also: Scituate Center, Scituate Harbor.)

Scituate Center (SCITUATE).
Handy, H. T.

Scituate Harbor (SCITUATE).
Alexander, T. B.

SEEKONK (Bristol North).

SHARON (Norfolk).
Dole, C. F.
Gay, W. F.
Griffin, W. A.

SHEFFIELD (Berkshire).
Wakefield, A. T.

SHELBURNE (Franklin).
(See also: Shelburne Falls).

Shelburne Falls (SHELBURNE).
†Canedy, F. J.
Guild, B. T.
Upton, C. L.

SHERBORN (Middlesex South).

SHIRLEY (Worcester North).

SHREWSBURY (Worcester).
Chase, E. L.
Smith, Myrtle

SHUTESBURY (Franklin).
SOMERSET (Bristol South).
McCreery, C. C.

SOMERVILLE (Middlesex South).
(See also: West Somerville.)
Allison, C. E.
Bateman, F. E.
Bell, R. D.
Bolton, C. J.
†Booth, E. C.
Buffum, H. E.
Burt, F. L.
Carvill, A. H.
Carvill, L. M.
Caswell, B. H.
Curtis, H. F.
Dailey, E. J.
Dervin, L. J.
Durell, T. M.
Finnerty, C. W.
Hatchett, W. J.
Hodgdon, R. F.
Hughes, G. F.
Maguire, C. F.
Maguire, E. L.
McCaffrey, C. F.
McCarty, E. M.
McGann, P. P.
Meyer, E. J.
Mills, A. E.
Mongan, C. E.
Morse, F. L.
Muldoon, M. T.
Newton, E. R.
Newton, F. L. S.
Place, R. W.
Price, O. J.
Raymond, L. H.
†Sanborn, E. A.
Sawin, C. D.
Sewall, E. F.
Shanahan, T. J.
Shaw, Francis
Smith, F. G.
Stephens, F. N.
Towle, C. C.
Trueman, H. S.
Walker, H. A.
White, M. W.
Whiting, G. W. W.
Yenetchi, H. A.

SOUTHBOROUGH (Worcester).
Jackson, A. W.

South Boston (BOSTON).
Bancroft, W. B.
Bernard, B. L.
Boland, E. S.
Buckley, P. T.
Cross, W. P.
Denning, E. J.
Denning, F. J.
Devine, W. H.
Doggett, F. F.
Fletcher, R. W.
Gallivan, W. J.
Hurley, E. D.
Jakmauh, P. J.
Keenan, H. J.
Lawlor, J. C.
Mayers, J. E.
Morris, G. P.
Morris, J. G.
Reddy, J. W.
Redmond, J. W.
†Ruddick, W. H.
Sheehan, W. J.
Sheridan, P. E. A.
Slattery, J. R.
Stuart, F. W.
Timmins, E. F.
Tracy, E. A.
Tynan, J. P.

South Braintree (BRAINTREE).
Dame, F. R.
Merriam, F. H.
Sullivan, C. A.

SOUTHBRIDGE (Worcester).
Bradford, C. C.
Cutler, M. F.
Olin, F. H.
Pagé, J. G. E.
Reed, W. G.
Waite, L. R.

South Dartmouth (DARTMOUTH).
Cushman, A. B.

South Deerfield (DEERFIELD).
Suitor, H. A.

South Dennis (DENNIS).
Davis, C. A.

SOUTH HADLEY (Hampshire).
(See also: South Hadley Falls.)
Lang, H. B.
Underhill, E. C.

South Hadley Falls (SOUTH HADLEY).
Doonan, H. E.
Leland, F. LeR.

South Hamilton (HAMILTON).
Davis, C. H.

SOUTHAMPTON (Hampshire).

South Lincoln (LINCOLN).
Blodgett, S. H.
Hart, J. S.

South Natick (NATICK).
Hills, C. E.

South Sudbury (SUDBURY).
Oviatt, G. A.

South Weymouth (WEYMOUTH).
Emerson, G. E.
Granger, K. H.
Tirrell, V. M.

SOUTHWICK (Hampden).

SPENCER (Worcester).
Austin, J. C.
Ellison, G. W.
Fowler, G. R.
Peck, A. F.

SPRINGFIELD (Hampden).
(See also: Indian Orchard.)
Adams, C. B.
Anthony, J. C.
Bacon, T. S.
Baldwin, E. E.
Bates, E. A.
Benner, R. S.
Birnie, J. M.
Blair, O. R.
Boyd, F. P.
Boyd, J. V. W.
Boyer, J. N.
Brigham, F. C.
†Brooks, L. S.
Brown, D. J.
Budington, H. F
Burke, G. H.
Byrnes, H. F.
Calkins, C. H.
Calkins, I. H.
†Calkins, Marshall

SPRINGFIELD (continued).
Camfil, R. E.
Carleton, Dudley
Carleton, Ralph
Chapin, D. L.
Chapin, L. D.
Chapin, W. A. R.
Chapin, W. H.
Chapman, C. R.
Claffy, J. McM.
†Clark, David
Cort, P. M.
Dalton, G. F.
Davidson, H. J. D.
Davis, E. L.
Deane, W. H.
DeMarco, T. A.
Dexter, F. F.
Dillon, M. J.
Dillon, W. J.
Downey, C. J.
Dubois, E. C.
Eastman, A. C.
†Edes, R. T.
Emerson, H. C.
Everett, F. L.
Finch, G. H.
Foss, G. H.
Galvin, A. H.
Gates, E. A.
Gaylord, J. F.
Gilchrist, J. M.
Godfrey, T. F.
Goodell, William
Guild, E. H.
Haltan, E. P.
Harriman, D. E.
Herrick, J. T.
Hewitt, C. E.
Hill, I. C.
Hilliard, J. P.
Hirsch, H. L.
Hopkins, F. E.
Hosley, W. A.
Hubbard, G. W.
Irwin, V. J.
Judd, E. H.
Jurist, Charles
Keefe, D. E.
Kilroy, Philip
Kinloch, R. A.
Koplin, Harry
La Rochelle, F. D.
Leary, W. C.
Lewis, S. A.
Lynch, C. F.
Lynch, P. M.
†McClean, G. C.
McKechnie, F. J.
Mahoney, E. J.
Maloney, J. M.
Martin, H. C.
McGinity, J. T.
Merritt, V. S.
Moody, F. F.
Moriarty, P. M.
Mulcahy, W. E.
Myers, E. Y.
†Nims, E. B.
Ober, R. B.
Overlander, J. E.
Parmelee, W. J.
Paul, S. J.
Peck, R. H.
Quinn, J. H.
Rabinovitz, Bernard
†Rice, A. R.
Rice, A. G.
Ritter, Henry
Rochford, R. A.

SPRINGFIELD (continued).
Rumrill, S. D.
Russell, S. J.
Russell, W. B.
Ryan, S. E.
Schadt, G. L.
Schillander, C. A.
Seelye, R. H.
Seibels, R. E.
Slutskin, M. L.
Smith, H. L.
Smith, W. A.
Spaid, C. J.
Squier, A. O.
†Stebbins, G. S.
Stoddard, M. J.
Stoneman, E. A.
Street, C. E.
Streeter, J. F.
Sullivan, E. C.
Sullivan, J. C.
Sweet, F. B.
Tracy, J. M.
Van Allen, H. W.
Van Gaasbeek, G. H.
Weiser, W. R.
Weston, G. D.
Whitcomb, C. A.
White, B. P.
Wilbur, S. M.
Wilcox, H. H.
Williams, A. C.
†Woods, G. L.
Zimmerman, Henry

State Farm (BRIDGEWATER).
Baker, L. A.
Emerson, E. B.
Farrar, L. O.
Weller, J. H.

STERLING (Worcester).

STOCKBRIDGE (Berkshire).
Eaton, H. D.
Riggs, A. F.
Stockwell, H. E.

STONEHAM (Middlesex East).
Blenkhorn, James
Hersam, M. P.
Kerrigan, J. H.
Nickerson, G. W.
Park, F. E.
Sheehan, M. D.

STOUGHTON (Plymouth).
Faxon, N. W.
Faxon, W. O.

STOW (Middlesex South).

STURBRIDGE (Worcester).
(See also: Fiskdale.)

SUDBURY (Middlesex South).
(See also: South Sudbury.)

SUNDERLAND (Franklin).
Moline, Charles

SUTTON (Worcester).
(See also: Manchaug.)

SWAMPSCOTT (Essex South).
Bangs, C. H.
Bicknell, R. E.
Brown, A. A.
Godfrey, J. W.
Grimes, Loring
Jones, L. A.
Lowd, H. M.

SWANSEA (Bristol South).

TAUNTON (Bristol North).
(See also: East Taunton.)
Atwood, C. A.
†Bassett, E. J.
Beaulieu, F. X.
Carey, F. A.
Clark, T. F.
Crandell, A. R.
Cusick, T. F.
Dean, R. D.
†Deane, A. S.
Fox, W. Y.
Galligan, E. J.
Goss, A. V.
Hubbard, F. A.
Learoyd, C. B.
MacDonald, D. F.
McGraw, A. J.
Milot, A. F.
Murphy, E. F.
Murphy, F. A.
Murphy, J. B.
Murphy, J. L.
O'Brien, J. F.
†Paige, Nomus
†Perry, Martha
Pierce-Higgins, Eudora
Reed, B. A.
Ripley, H. G.
Robinson, T. J.
Roderick, C. E.
St. Marie, Philippe
Sayles, J. B.
White, H. A.

TEMPLETON (Worcester North).
(See also: Baldwinsville.)
Greenwood, S. E.

TEWKSBURY (Middlesex North).
Coburn, H. R.
DeWolf, C. W.
Hanson, W. T.
Larrabee, H. M.
Nichols, J. H.
Peirce, G. A.
Perry, Sherman
Quennell, W. L.
Roach, A. J.

Thorndike (PALMER).
Dunphy, H. A.

Three Rivers (PALMER).
Giroux, Charles
Miller, S. O.

TISBURY (Bristol South). No P. O. *Post Office address, Vineyard Haven.*
Davis, S. T.
Mayhew, O. S.

TOLLAND (Hampden).

TOPSFIELD (Essex South).
Sanborn, Byron

TOWNSEND (Worcester North).
(See also: West Townsend.)

TRURO (Barnstable).

Turner's Falls (MONTAGUE).
Leary, P. F.
McGillicuddy, R. A.
Messer, C. C.

TYNGSBOROUGH (Middlesex North).
Lambert, F. De F.

TYRINGHAM (Berkshire).

UPTON (Worcester).

UXBRIDGE (Worcester).
Griswold, M. L.
Johnson, W. L.
Ledbury, J. W.
Little, J. T.

Waban (BROOKLINE).
Bessey, E. E.

Waban (NEWTON).
Lothrop, O. A.
McGee, F. M.

WAKEFIELD (Middlesex East).
Crosby, L. M.
†Dutton, Charles
Dutton, Richard
Elder, F. O.
Heath, J. W.
†Jordan, Charles
Montague, C. E.
O'Leary, J. A.
Sopher, C. L.
Tyzzer, E. E.
Woodbury, F. T.

WALES (Hampden).

WALPOLE (Norfolk).
(See also: East Walpole.)
Fuller, F. H.

WALTHAM (Middlesex South).
Bell, Conrad
Collins, Richard
Courtney, T. J.
Cousins, N. W.
Dascombe, O. L.
Dennen, R. W.
Desmond, C. F.
Fraim, I. W.
Fuller, C. B.
Hinchey, Richard
Holbrook, Bradbury
Hoyt, W. S.
Jarvis, W. F.
Lewis, J. P.
MacDonald, F. L.
Mackenzie, R. C.
McCormick, C. J.
Mosher, M. J.
O'Donnell, G. T.
Porter, C. T.
Stiles, F. M.
Taylor, R. A.
Willis, C. A.
Wood, H. A.
Worcester, Alfred
Young, A. R.

Waquoit (FALMOUTH).
Jones, L. C.

WARE (Hampshire).
Gafney, H. D.
Miner, W. W.
Pearson, M. W.
Ryan, D. M.

WAREHAM (Bristol South).
Morse, C. E.

WARREN (Worcester).
DeLand, C. A.
†Phelps, O. W.

WARWICK (Franklin).
Goldsbury, P. W.

WASHINGTON (Berkshire).

WATERTOWN (Middlesex South).
Chase, C. O.
Creely, O. S.
†Davenport, B. F.
Higginbotham, F. A.
Kelley, E. J.
Meredith, F. L.
Meserve, E. A.
Palmer, G. M.
Roble, A. H. P.
Williamson, C. I.

Waverley (BELMONT).
Abbott, E. S.
Clark, L. B.
Fernald, W. E.
Hoch, T. A.
Kewer, L. T.
Packard, F. H.
Raymond, C. S.
Tuttle, G. T.
Wallace, A. M.
Warren, L. M.
Whitney, R. L.
Woodill, E. E.

WAYLAND (Middlesex South).

WEBSTER (Worcester).
Bragg, L. R.
Généreux, J. O.
Hart, G. F.
Littlefield, G. C.
Roy, J. N.
Smith, E. E.

WELLESLEY (Norfolk).
(See also: Wellesley Hills.)
Anthony, G. C.
Bancroft, E. A.
Gregg, Donald
Proctor, F. I.
Raymond, K. P.
†Stone, M. C.
White, L. E.

Wellesley Hills (WELLESLEY).
Cleveland, H. H.
Garland, F. E.
Greenwood, Allen
†Hazelton, I. H.
Hewins, P. W.
Jones, G. N.
†Macdonald, W. L.
Schofield, O. L.
Stanwood, F. A.

WELLFLEET (Barnstable).
Bell, C. J.

WENDELL (Franklin).

WENHAM (Essex South).

WESTBOROUGH (Worcester).
Ayer, T. H.
Cilley, D. P.
Clark, A. U. F.
Fuller, S. C.
Knight, C. S.
Mahoney, W. F.
Newton, R. S.
Overholser, Winfred

WEST BOYLSTON (Worcester).
Trask, H. W.

WEST BRIDGEWATER (Plymouth).

WEST BROOKFIELD (Worcester).
Cowles, F. W.

West Dennis (DENNIS).
Osborne, E. S.

WESTFIELD (Hampden).
Atwater, J. B.
Brace, G. W.
Chadwick, H. D.
Chisholm, M. D.
Clark, F. T.
Cosgrove, J. J.
Davis, F. D.
Douglas, A. J.
Dutton, J. M.
Janes, G. H.
Maroney, P. J.
Marr, R. McC.
Noble, A. F.
Smith, E. S.

WESTFORD (Middlesex North).
Sherman, W. H.
Wells, O. V.

WESTHAMPTON (Hampshire).

West Harwich (HARWICH).
Nickerson, J. P.

West Medford (MEDFORD).
Bean, C. F. K.
Drake, R. A.
Killam, F. H.
Wilkins, S. H.

West Medway (MEDWAY).
Butler, Samuel
Quint, N. P.

WESTMINSTER (Worcester North).
Kelley, C. M.
Mossman, George

WEST NEWBURY (Essex North).
Orcutt, W. L.

West Newton (NEWTON).
Atkinson, L. D. R.
Chandler, Harold B.
Chandler, Henry B.
Fisher, I. J.
Jack, L. H.
Knowles, W. F.
Lowe, F. M.
Macomber, Donald
Nielsen, E. B.
Paine, N. E.
Sherman, F. M.
Wells, D. W.

WESTON (Middlesex South).
Albee, K. T.
Robbins, Chandler
Van Nüys, Fresenius

WESTPORT (Bristol South).
Burt, E. W.

West Quincy (QUINCY).
Ash, J. H.
Dion, T. J.

West Roxbury (Roxbury) (BOSTON).
Gorham, G. H.
Hamilton, B. E.
Howell, W. W.
Jillson, F. C.
Knight, C. L.
Knudson, M. M.
Longee, J. L.

West Roxbury (continued).
Reagh, A. L.
Sedgley, F. R.
Shadman, A. J.
Stevens, H. B.
Stevens, S. E.
Watters, W. H.

West Somerville (SOMERVILLE).
Ayres, H. W.
Blake, A. H.
Bond, W. L.
Bryant, G. W.
Cholerton, Herbert
Gillis, J. E.
Hoole, J. E.
Liverpool, C. H.
McLean, J. A.
Mahoney, G. C.
†Makechnie, H. P.
Miles, G. A.
Osgood, G. E.
Pillsbury, E. D.
Pote, L. H.
Richardson, C. A. C.
Ruston, W. D.
Sylvester, N. R.
Wagner, E. J.
Whitcher, B. R.

WEST SPRINGFIELD (Hampden).
(See also: Mittineague.)
Bostick, W. J.
Corcoran, G. B.
Steele, G. L.

WEST STOCKBRIDGE (Berkshire).
Leonard, Z. L.

WEST TISBURY (Bristol South).

West Townsend (TOWNSEND).
Ely, R. S.

WESTWOOD (Norfolk).

WEYMOUTH (Norfolk South).
(See also: East, North and South Weymouth.)
Chase, Joseph, Jr.
Jacoby, Rudolph
Pease, L. W.

WHATELY (Franklin).

Whitinsville (NORTHBRIDGE).
Balmer, W. E.
Barry, E. W.
Harriman, C. H.

WHITMAN (Plymouth).
Beaulieu, E. J.
†Copeland, H. F.
Dyer, E. A.
Fobes, H. E.
Hanley, F. J.
Lovell, C. E.
MacKeen, A. A.
Pulsifer, W. H.
Rood, A. D.

WILBRAHAM (Hampden).
(See also: North Wilbraham.)

WILLIAMSBURG (Hampshire).
(See also: Haydenville.)
Hayes, J. G.

WILLIAMSTOWN (Berkshire).
(See also: Blackinton.)
Adriance, Vanderpoel
Howard, F. H.

WILLIAMSTOWN (continued).
†Mather, E. E.
McWilliams, N. B.

WILLIMANSETT (CHICOPEE).
Mead, F. A.

WILMINGTON (Middlesex East).
Buck, W. E.
Buzzell, D. T.

WINCHENDON (Worcester North).
Henry, J. G.
Holzer, W. F.
Kenney, C. B.
Kenney, W. C.
Pelletier, A. G.
Sullivan, M. G.

WINCHESTER (Middlesex East).
Aimone, V. A.
Allen, C. J.
Brown, A. L.
Cummings, M. A.
Cutter, I. T.
Dennett, D. C.
Gale, H. A.
Hammond, Philip
Hersey, H. W.
†Hildreth, J. L.
Lowell, W. H.
McCarthy, C. F.
Mead, G. N. P.
Ordway, C. E.
Putnam, Ralph
Simon, H. F.
Tozier, C. H.

WINDSOR (Berkshire).

WINTHROP (Suffolk).
French, G. H.
Grainger, E. J.
Halsall, M. E.
Johnson, O. E.
Metcalf, B. H.
Morse, F. H.
Parker, R. B.
Soule, H. J.
White, L. N.

WOBURN (Middlesex East).
Bixby, J. P.
Blake, H. G.
Carroll, J. P.
Caulfield, T. E.
Chalmers, Robert
Conlin, R. E.
Hutchings, J. H.
Keleher, W. H.
Lane, C. G.
McCormick, J. J.
O'Brien, C. T.
Stewart, V. C.
Tedford, A. H.
West, F. O.

Wollaston (QUINCY).
Adams, C. S.
Champion, M. E.
Curtis, W. G.
Funnell, W. G.
King, G. E.
Phipps, W. A.

WORCESTER (Worcester).
Adamian, P. A.
Adams, G. E.
Albee, G. M.
Andrews, B. F.
Arey, H. C.
Arey, J. M.

WORCESTER (continued).
Atwood, A. W.
Auger, L. L.
Ayers, C. E.
Baff, Max
Baker, F. H.
Balcom, K. I.
Barnes, J. A.
Barrell, M. E.
Beal, H. W.
Bergin, S. A.
Berry, Gordon
†Berry, J. C.
Bieberbach, W. D.
Bigelow, E. B.
Bowers, G. F. H.
Brennan, J. J.
Brown, G. C.
Bryant, Frederick
Bunker, S. M.
Burley, B. T.
Butler, F. J.
Butterfield, G. K.
Byrne, C. J.
Cahill, J. W.
Carney, P. J.
Cassels, L. R.
Charteris, M. A.
Clark, W. L., Jr.
Colberg, P. A.
Cook, P. H.
Cottle, L. R.
Croissant, C. A.
Cronin, T. J.
Cross, A. E.
Cummings, J. J.
Curran, J. F.
Currie, I. M.
Cutler, R. W.
Daudelin, S. A.
Deering, G. E.
Delahanty, W. J.
Denning, W. E.
Disbrow, E. P.
Dix, G. A.
Dixon, Arthur
Dolan, W. E.
Donoghue, J. J.
Donohue, J. J.
Doray, F L.
Drew, C. A.
Ducharme, A. N.
Duggan, J. T.
Easter, E. F.
Elkind, H. B.
Emerson, B. K.
Emery, G. E.
Estabrook, C. T.
Everett, O. H.
Fallon, M. F.
Farnham, J. M. W.
Fay, F. G.
Fitzgerald, C. P.
Flynn, J. J.
Fogerty, W. C.
Foley, T. J.

WORCESTER (continued).
Fox, M. B.
Gage, Homer
George, F. W.
Getchell, A. C.
Gibby, H. J.
Gilfillan, D. R.
Gilman, W. R.
Grant, W. M.
Greene, R. W.
Gwynne, S. C.
Haigh, G. W.
Halloran, M. J.
Harkins, J. F.
Harower, David
Hartnett, J. H.
Haviland, W. C.
Hill, G. H.
Holmes, M. S.
Horsman, H. L.
Hunt, E. L.
†Jordan, G. A.
Kenney, T. F.
Kenyon, H. J. K.
Kinnicutt, Roger
Lazarus, Louis
Lemaire, W. W.
Lincoln, G. C.
Lincoln, Merrick
Lindsay, J. C.
Lindsay, J. I.
Lindsay, M. S.
Lovell, D. B.
Lussier, C. A.
Lytch, W. F.
McClusky, H. L.
MacFadyen, J. A.
MacIver, G. A.
MacKay, W. H.
MacKerrow, H. G.
Magune, F. L.
†Marble, J. O.
Marsh, A. W.
Masten, C. H.
Mason, B. H.
Mathews, R. F.
McDonald, J. W.
McEvoy, T. E.
McGillicuddy, J. T.
McKibben, W. W.
McKoan, J. W.
McSheehy, T. C.
Miller, L. C.
Murphy, A. F.
Nightingale, James
O'Callaghan, M. V.
O'Connell, A. E.
O'Connor, D. F.
O'Connor, J. F.
O'Connor, J. W.
O'Day, G. F.
O'Meara, M. J.
Osborne, C. A.
Overlock, M. G.
Paglia, J. J., Jr.
Parker, E. L.

WORCESTER (continued).
Peterson, H. O.
Phelps, O. D.
Pofcher, E. H.
Power, G. A.
†Quinby, H. M.
Randall, C. W.
Rice, J. E.
Robinson, Solomon
Rochette, E. C.
Rockwell, A. E. P.
Rockwell, L. W.
Rose, W. H.
Schofield, R. W.
Scribner, E. V.
Seelye, W. C.
Shannahan, R. J.
Shattuck, A. M.
Shaw, T. B.
Shea, P. O.
Simmons, E. B.
Simmons, H. C.
Smith, L. R.
Sparrow, C. A.
Stansfield, O. H.
Stapleton, R. H.
Stevens, C. B.
Stowell, F. E.
Swan, R. W.
Swasey, Edward
Talbot, J. E.
Taylor, James, Jr.
Thom, D. A.
Thompson, H. E.
Tripp, G. A.
Trowbridge, E. H.
Voorhis, Kathalyn
Ward, G. O.
Ward, R. J.
Watkins, R. P.
Watt, George.
Wetherbee, L. E.
Wheeler, C. D.
Wheeler, Leonard
Whitaker, C. W.
White, Levi
Williams, F. R.
Woodward, L. F.
Woodward, S. B.
†Workman, W. H.
Yoosuf, A. K.

WORTHINGTON (Hampshire)
Lyman, W. R.

WRENTHAM (Norfolk).
Ferguson, E. H.
Kable, J. D.
Libby, M. A.
Perkins, F. H.
Pillsbury, A. R.
Proctor, T. M.
Wallace, G. L.

YARMOUTH (Barnstable).
(See also: Yarmouth Port.)

Yarmouth Port (YARMOUTH).
Hart, H. B.

NON-RESIDENTS, BY STATES AND COUNTRIES

1917

CALIFORNIA.
Boyd, S. G., San Francisco.
Bush, A. D., Los Angeles.
†Crocker, S. E., Los Angeles.
Dwight, H. L., Copperopolis.
Ermantrout, S. J., Eldridge.
Goss, F. W., Sacramento.
Johnson, W. S., Los Angeles.
Holt, H. A., Pasadena.
Lucas, W. P., San Francisco.
Mansur, L. W., Los Angeles.
Metcalf, J. T., Los Angeles.
Munroe, H. B., Los Angeles
Pierson, P. H., San Francisco.
Shea, J. J., San Diego
†Stephenson, F. B., Claremont.
Williams, C. C., Los Angeles.

COLORADO.
Cary, F. H., Denver.
Hartwell, J. B., Colorado Springs.

CONNECTICUT.
†Bragdon, G. A., Middletown.
Browne, W. T., Norwich.
Clark, J. D., Abington.
Cox, S. F., New Haven.
Honeij, J. A., New Haven.
LaMoure, C. T. E., Mansfield Depot.
Loewe, L. J., Higganum.
†Page, C. W., Hartford.
Stevenson, E. A., Stamford.
†Swan, W. C., Brandford.

FLORIDA.
Canfield, W. C., St. Petersburg.
Coon, J. B., Tampa.
Vaughan, J. H., Tampa.

GEORGIA.
Comey, P. P., Augusta.

ILLINOIS.
Adler, H. M., Chicago.

INDIANA.
Bliss, G. S., Fort Wayne.
Woodbury, H. E., Indianapolis.

IOWA.
Grover, A. L., Iowa City.

KENTUCKY.
Lawrence, N. L., Louisville.

LOUISIANA.
Cody, H. C., New Orleans.

MAINE.
Allen, S. W., York Harbor.
Averill, G. G., Waterville.
Cummings, D. F., Cherryfield.
Eastman, T. J., South Berwick.
Hall, W. D., Port Clyde.
Hedin, C. J., West Pownal.
Hills, F. L., Bangor.
Jackson, F. W., Jefferson.
O'Brien, C. R., Bangor.
Pettingill, O. S., Hebron.
Reynolds, R. L., Waterville.
Richardson, H. K., Bradford.
Stevens, H. E. E., Lewiston.
Swift, H. M., Portland.

MICHIGAN.
Courie, W. F., Detroit.
Hendricks, H. V., Traverse City.

MINNESOTA.
Blake, F. G., Minneapolis.
Boothby, W. M., Rochester.
†Hayes, C. C., Faribault.
Marcley, W. J., Minneapolis.

MISSOURI.
Burlingham, L. H., St. Louis.
Murphy, F. T., St. Louis.
Washburn, Elliott, Kansas City.

NEW HAMPSHIRE.
Allen, Bradford, Nashua.
†Balcom, G. F., Swanzey.
Bowles, G. H., Plymouth.
Bradford, H. W., Wolfeborough.
Brownrigg, A. E., Nashua.
Faulkner, H. K., Keene.
Gile, J. M., Hanover.
Graves, R. J., Concord.
Hill, L. R., Concord.
Holmes, J. F., Manchester.
Hubbard, O. H., Gilsum.
Johnson, S. C., Franconia.
Kean, M. E., Manchester.
Kennison, F. M., Newton.
Laton, G. P., Salem Depot.
Libby, M. G., Newport.
MacMillan, A. L., Jr., Concord.
Parker, W. A., Bartlett.
Pike, F. W., Portsmouth.
Powell, M. A., Laconia.
Proctor, J. D., Keene.
Rogers, J. A., Nashua.
Smith, C. S., Manchester.
Stowell, E. C., Marlboro.
Stowell, S. R., Marlboro.
Taft, A. A., Keene.
Tibbetts, G. D., Bennington.
Tower, E. A., Derry.
Towle, F. S., Portsmouth.
Wallace, A. S., Nashua.
Wilkins, G. C., Manchester.

NEW JERSEY.
Christiernin, C. L., East Orange.
Dunham, H. B., Glen Gardner.
Ferguson, R. H., East Orange.
Gosline, H. I., Trenton.
Hahn, A. J., Pattenburg.
Ten Broeck, Carl, Princeton.

NEW YORK.
Boehm, J. B., Brooklyn.
Brown, H. R., Rochester.
Bryant, W. S., New York.
Carley, M. E., New York.
Coolidge, J. N., New York.
Cutler, E. C., New York.
Fisher, C. I., New York.
Fisher, G. G., New York.
Fisk, A. L., New York.
Gervais, H. M., Brooklyn.
Hinds, R. W., Buffalo.
Holden, E. M., New York.
Laighton, F. M., New York.
McCarthy, T. F., Jamaica, L. I.
McPherson, Ross, New York.
Millett, J. A. P., Buffalo.
Miniter, F. G., New York.
Ogden, J. B., New York.
Ordway, Thomas, Albany.
Shoninger, L. S., New York.
Smith, S. B., New York.
Stammers, J. C., New York.
Tibbetts, J. T., Mineola.
Woodbury, W. R., Rochester.

NORTH CAROLINA.
Achorn, J. W., Pine Bluff.
Packard, G. H., White Rock.

OHIO.
Schwab, Emanuel, Cincinnati.

OREGON.
Whiteside, G. S., Portland.

PENNSYLVANIA.
Cockett, M. S., Bryn Mawr.
Finlayson, A. D., Warren.
Fuller, D. H., Philadelphia.
Jackson, R. C., Harrisburg.

PENNSYLVANIA (continued).
Law, K. H., Erie.
McRae, A. J., Wilkes-Barre.
Mitchell, H. W., Warren.
Smith, F. S., Pittsburgh.
Snyser, C. J., New Wilmington.
Wheeler, L. A., Wernersville.

RHODE ISLAND.
Blake, LeGrande, Riverside.
Borden, G. E., Adamsville.
Davenport, J. H., Providence.
Devere, F. H., Auburn.
Gerber, Isaac, Providence.
Hamblet, M. L., Wallum.
Hayes, A. E., Providence.
Holt, C. H., Pawtucket.
Jewett, E. P., Providence.
Keefe, P. H., Providence.
MacLeod, N. M., Newport.
Means, P. C., Apponaug.
Messinger, H. C., Providence.
Metcalf, Richard, Providence.
Munro, W. L., Providence.
Murphy, E. V., Newport.
O'Meara, J. G., Providence.
Persky, M. A., Providence.
Sullivan, J. E., Providence.
Turner, C. S., Providence.

SOUTH DAKOTA.
Cornforth, H. H., Hot Springs.

TEXAS.
Parsons, A. W., Devine.
Tomkies, J. S., Dallas.

VERMONT.
Marshall, A. T., Chelsea.
Russell, F. J., Brandon.

VIRGINIA.
Pratt, M. R., Charlottesville.

WEST VIRGINIA.
Boland, L. F., Welch.

WISCONSIN.
Greeley, H. P., Waukesha.
McGrath, B. F., Milwaukee.

WYOMING.
Berry, L. M., Junction.

DISTRICT OF COLUMBIA.
Hall, C. L., Washington
Hopkins, J. W., Washington.
Howland, C. A., Washington.
White, J. R., Washington.

PANAMA CANAL ZONE.
Bates, L. B., Ancon.

U. S. ARMY.
Bauer, L. H.
Newton, R. W.
Wood, Leonard.

U. S. NAVY.
Moran, C. L.

FOREIGN.
Bridgman, B. N., Natal, S. Africa.
Calkin, B. H., Stellarton, N. S.
Cockett, M. S., Paris, France.
Fales, A. C., Middleton, N.S.
Ghoreyeb, A. W., France.
Hanley, J. J., Motherwell, Scotland.
McKelvey, A. D., Toronto, Canada.
Packard, Fabyan, France.
†Prince, J. P., Durban, South Africa.
Shepherd, W. G., Canada.
Skirball, L. I., France.
Storrs, H. R., Vancouver, B. C.
Street, L. A. B., Shanghai, China.
Townsend, David, River Glade, N. B.

ADDRESS UNKNOWN.
†Brown, Marshall Lebanon.

NUMERICAL SUMMARY OF FELLOWS BY DISTRICTS

GIVING CITIES AND TOWNS

[Names of Cities are printed in Capitals.]

1917

BARNSTABLE DISTRICT.

Established 28 May, 1840.

Barnstable	8	Orleans	1
Bourne	1	Provincetown	4
Brewster	1	Sandwich	3
Chatham	1	Truro	
Dennis	3	Wellfleet	1
Eastham		Yarmouth	1
Falmouth	3		
Harwich	3	Total	30
Mashpee			

Active 29. Retired 1.

BERKSHIRE DISTRICT.

Established 7 Oct., 1807.

Adams	4	NORTH ADAMS	11
Alford		Otis	
Becket	1	Peru	
Cheshire		PITTSFIELD	53
Clarksburg		Richmond	
Dalton	3	Sandisfield	
Egremont		Savoy	
Florida		Sheffield	1
Great Barrington	6	Stockbridge	3
Hancock		Tyringham	
Hinsdale		Washington	
Lanesborough	2	West Stockbridge	1
Lee	2	Williamstown	5
Lenox	2	Windsor	
Monterey			
Mount Washington		Total	94
New Marlborough			

Active 90. Retired 4.

BRISTOL NORTH DISTRICT.

Established 31 May, 1849

Attleborough	14	Norton	1
Dighton	1	Raynham	
Easton	2	Rehoboth	
Freetown	1	Seekonk	
Lakeville*	1	TAUNTON	32
Mansfield	4		
Middleborough*	5	Total	65
North Attleborough	4		

Active 60. Retired 5.

BRISTOL SOUTH DISTRICT.

Established 3 April, 1839.

Acushnet		NEW BEDFORD	67
Chilmark		Oak Bluffs	
Dartmouth	1	Rochester	
Edgartown	1	Somerset*	1
Fairhaven	1	Swansea*	
FALL RIVER	61	Tisbury	2
Gay Head		Wareham	1
Gosnold		Westport	1
Marion	2	West Tisbury	
Mattapoisett	2		
Nantucket	2	Total	142

Active 138. Retired 4.

ESSEX NORTH DISTRICT.

Established 6 Oct., 1841.

Amesbury	8	Newbury	
Andover	7	NEWBURYPORT	14
Boxford		North Andover	2
Georgetown	4	Rowley	
Groveland	1	Salisbury	
HAVERHILL	54	West Newbury	1
LAWRENCE	67		
Merrimac	1	Total	169
Methuen	10		

Active 167. Retired 2.

ESSEX SOUTH DISTRICT.

Established 7 June, 1804.

BEVERLY	18	Nahant	1
Danvers	16	Peabody	11
Essex	1	Rockport	3
GLOUCESTER	19	SALEM	39
Hamilton	2	Saugus	7
Ipswich	3	Swampscott	7
LYNN	95	Topsfield	1
Lynnfield	1	Wenham	
Manchester	2		
Marblehead	7	Total	294
Middleton	1		

Active 228. Retired 6.

FRANKLIN DISTRICT.

Established 27 May, 1851.

Ashfield	1	Monroe	
Bernardston	2	Montague	4
Buckland		New Salem	
Charlemont		Northfield	8
Colrain	2	Orange	4
Conway		Rowe	
Deerfield	2	Shelburne	3
Erving	1	Shutesbury	
Gill		Sunderland	1
Greenfield	14	Warwick	1
Hawley		Wendell	
Heath		Whateley	
Leverett			
Leyden		Total	38

Active 37. Retired 1.

HAMPDEN DISTRICT.

Established 28 May, 1840.

Agawam	1	Montgomery	
Blandford		Palmer	10
Brimfield	1	Russell	
Chester	1	Southwick	
CHICOPEE	8	SPRINGFIELD	138
Granville	1	Tolland	
Hampden		Wales	
Holland		Westfield	14
HOLYOKE	49	West Springfield	4
Longmeadow	1	Wilbraham	1
Ludlow	1		
Monson	2	Total	232

Active 221. Retired 11.

* By vote of the Council, June 7, 1910, Somerset and Swansea were transferred to Bristol South, and Lakeville and Middleborough to Bristol North.

HAMPSHIRE DISTRICT.

Established 5 Oct., 1831.

Amherst	6	NORTHAMPTON	29
Belchertown	1	Pelham	
Chesterfield		Plainfield	
Cummington	1	Prescott	
Easthampton	6	Southampton	
Enfield	1	South Hadley	4
Goshen		Ware	4
Granby		Westhampton	
Greenwich		Williamsburg	3
Hadley	2	Worthington	1
Hatfield	3		
Huntington	1	Total	62
Middlefield			

Active 59. Retired 3.

MIDDLESEX EAST DISTRICT.

Established 2 Oct., 1850.

Burlington		Wilmington	2
MELROSE	17	Winchester	17
North Reading	3	WOBURN	14
Reading	7		
Stoneham	6	Total	77
Wakefield	11		

Active 73. Retired 4.

MIDDLESEX NORTH DISTRICT.

Established 2 Oct., 1844.

Acton		Groton	1
Bedford	2	Littleton	
Billerica	4	LOWELL	86
Boxborough		Pepperell	2
Carlisle		Tewksbury	9
Chelmsford	3	Tyngsborough	1
Dracut		Westford	2
Dunstable			
		Total	110

Active 105. Retired 5.

MIDDLESEX SOUTH DISTRICT.

Established 2 Oct., 1850.

Arlington	14	MARLBOROUGH	8
Ashland	1	Maynard	2
Belmont	15	MEDFORD	15
Brighton*	28	Natick	9
CAMBRIDGE	127	NEWTON	65
Charlestown*	18	Sherborn	
Concord	8	SOMERVILLE	66
EVERETT	18	Stow	
Framingham	20	Sudbury	1
Holliston		WALTHAM	26
Hopkinton	1	Watertown	10
Hudson	2	Wayland	
Lexington	6	Weston	3
Lincoln	4		
MALDEN	38	Total	502

* A part of Boston.

Active 486. Retired 16.

NORFOLK DISTRICT.

Established 2 Oct., 1850.

Bellingham		Milton	12
Brookline	114	Needham	6
Canton	7	Norfolk	1
Dedham	7	Norwood	9
Dorchester*	120	Roslindale*	11
Dover	1	Roxbury*	108
Foxborough	5	Sharon	3
Franklin	2	Walpole	2
Hyde Park*	8	Wellesley	16
Jamaica Plain*	42	West Roxbury*	13
Mattapan*	16	Wrentham	7
Medfield	3		
Medway	3	Total	517
Millis	1		

Active 503. Retired 14.

NORFOLK SOUTH DISTRICT.

Established 1 Oct., 1884.

Braintree	9	QUINCY	33
Cohasset	3	Randolph	3
Hingham	6	Weymouth	11
Holbrook	3		
Hull	2	Total	70

Active 70.

PLYMOUTH DISTRICT.

Established 2 Oct., 1850.

Abington	6	Pembroke	1
Avon	1	Plymouth	8
Bridgewater	11	Plympton	
BROCKTON	55	Rockland	4
Carver		Scituate	2
Duxbury	3	Stoughton	2
Halifax		West Bridgewater	
Hanover	2	Whitman	9
Hanson			
Kingston	1	Total	108
Marshfield	3		
Norwell			

Active 100. Retired 8.

SUFFOLK DISTRICT.

Established 7 June, 1804.

BOSTON*	660	Winthrop	9
CHELSEA	13		
Revere	11	Total	698

Active 677. Retired 16.

* Except Brighton and Charlestown, which are in the Middlesex South District, and Dorchester, Hyde Park, Jamaica Plain, Mattapan, Roslindale, Roxbury, West Roxbury, and that part of Boston lying south of a line beginning at Dorchester Bay opposite end of Preble Street, and running in a general north-easterly direction through the middle of Preble and Swett (now Southampton) Streets to Northampton Street, then by the middle of Northampton Street to Washington Street, then by the middle of Washington Street to Camden Street, then by the middle of Camden and Gainsborough Streets to Huntington Avenue, then by the middle of Huntington Avenue to the Huntington Avenue entrance of the Back Bay Park, then across the Park westerly to the waterway known as Muddy Brook, then by Muddy Brook to St. Mary's Street, then by the middle of St. Mary's Street to the Charles River, which are in the Norfolk District.

WORCESTER DISTRICT.

Established 7 June, 1804.

Auburn		Northborough	2
Barre	2	Northbridge	3
Berlin		North Brookfield	1
Blackstone	1	Oakham	
Bolton		Oxford	3
Boylston		Paxton	
Brookfield	2	Princeton	1
Charlton		Rutland	4
Clinton	12	Shrewsbury	2
Dana	1	Southborough	1
Douglas	1	Southbridge	6
Dudley		Spencer	4
Grafton	6	Sterling	1
Hardwick		Sturbridge	1
Harvard	1	Sutton	1
Holden	2	Upton	
Hopedale		Uxbridge	4
Hubbardston	1	Warren	2
Lancaster	1	Webster	6
Leicester	3	Westborough	8
Mendon		West Boylston	
Milford	4	West Brookfield	1
Millbury	3	WORCESTER	186
New Braintree			
		Total	276

Active 267. Retired 9.

WORCESTER NORTH DISTRICT.

Established 25 May, 1858.

Ashburnham	2	Phillipston	
Ashby	1	Royalston	
Athol	4	Shirley	
Ayer	3	Templeton	4
FITCHBURG	34	Townsend	1
Gardner	15	Westminster	2
LEOMINSTER	10	Winchendon	6
Lunenburg	1		
Petersham		Total	88

Active 82. Retired 1.

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District Societies.	Retired	Active	Total
Barnstable		29	30
Berkshire	4	90	94
Bristol North	5	60	65
Bristol South	4	138	142
Essex North	2	167	169
Essex South	6	228	234
Franklin	1	37	38
Hampden	11	221	232
Hampshire	3	59	62
Middlesex East	4	73	77
Middlesex North	5	105	110
Middlesex South	16	486	502
Norfolk	14	502	516
Norfolk South		70	70
Plymouth	8	100	108
Suffolk	16	677	693
Worcester	9	267	276
Worcester North	1	82	83
Fellows resident in Massachusetts	110	3391	3501
Fellows resident in other States and Countries	8	181	189
	118	3572	3690
Fellows, addresses unknown	1		1
Whole number of Fellows in the Society, Jan. 1, 1917.	119	3572	3691

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JOHN B. HAWES, 2D, M.D. — EDW. L. YOUNG, JR., M.D.

MEDICINE.

AURICULAR FIBRILLATION.

PRICE (*The Practitioner*, November, 1917), after discussing in detail the symptomatology and diagnosis of auricular fibrillation, takes up its treatment.

With the exception of a few cases of well marked myocardial degeneration and cases in which there is fever, digitalis is indicated. He begins with a drachm of the tincture for a day, or in urgent cases, even 1½ to 2 drachms. The dosage necessary in individual cases may exhibit a wide variation. It is important to discover the exact dose most beneficial to the individual patient. Having discovered this dose, in the majority of cases it is necessary for the patient to continue the drug for the remainder of his life. [J. B. H.]

LATHYRISM.

STOCKMAN (*Edinburgh Medical Journal*, November, 1917) discusses at length, in two articles, this interesting and historical disease. He describes the history of this disease in detail and discusses its action on various animals, with particular reference to his own experiments, and the active principle of this poison as an alkaloid which is obtained from a variety of pea which grows in the dry wheat lands and in the wet rice lands of India and certain other tropical regions. He then describes the occurrence of this disease in man, and illustrates his subject with photographs of native Hindoos who have been paralyzed. The disease commences with cramps in the calves of the legs, followed, after about two months' interval, by a somewhat sudden onset of paralysis. If he continues eating the peas, he loses control of the rectum and bladder sphincters. The knee-jerks are increased in all cases, the muscles in the back of the leg are rigid and, as a rule, are well nourished. He describes the gait in detail. He discusses the pathological diagnosis and treatment. Treatment, however, is generally said to be futile if the disease has fully developed. [J. B. H.]

THE TRUTH ABOUT INTRASPINAL INJECTIONS IN TREATMENT OF SYPHILIS OF THE NERVOUS SYSTEM.

FORDYCE (*Jour. A. M. A.*, Nov. 3, 1917), in a paper largely antagonistic to one read by Dr. B. Sachs at the 68th Annual Session of the American Medical Association, declares that if the statements contained in Dr. Sachs' article are accepted by the medical profession as final, an enormous amount of harm will result, in that numerous victims of syphilis of the nervous system will be deprived of their only chance to regain health and economic efficiency. He states that in tabes, certain types of cerebrospinal syphilis like meningitis, meningo-myelitis, meningo-encephalitis and in optic atrophy with positive findings in the fluid, intraspinal treatment succeeds in relieving or curing the conditions after failure of intravenous and other treatment. It is the only procedure that can be employed after intravenous treatment fails or when the patient develops an intolerance to arsenic. With proper technic and experience, it is less dangerous than intensive intravenous treatment. The criticism of the

(Continued on page vi.)

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Eczema and other Skin Diseases	Boils and Carbuncles
Burns—as an Irrigant	Burns—as a Spray
Gargle or Spray to Throat and Nose	Nasal and Pharyngeal Diseases
Vaginal and Uterine Douches	Diphtheria and Meningitis Carriers

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(Continued from page iv.)

method is based largely on the results following imperfect technic and by its employment in cases without clear indications afforded by spinal fluid examination. [E. H. R.]

The Diet of Prisoners of War in Germany.

Taylor (*Jour. A. M. A.*, Nov. 10, 1917) writes an extremely interesting article on this subject viewed from many angles. The article is not subject to abstract but is well worth reading by all medical men. [E. H. R.]

Carbon Monoxide Poisoning.

McNally (*Jour. A. M. A.*, Nov. 10, 1917) writes a very interesting article on this subject, in which he shows up the dangers, especially to families, in the escape of gas from furnaces or leaking illuminating gas stoves or pipes. The subject is well written and practical in its teachings. [E. H. R.]

The Menace of Mouth Infections.

Osborne (*Jour. A. M. A.*, Oct. 20, 1917) summarizes his observations and opinions by the emphatic statement that the following disorders may be definitely traced to mouth infections: Chronic invalidism, increased blood pressure, enlargement and either hyper- or hyposecretion of the thyroid gland, serious disturbances of the blood, heart, kidneys, stomach, and intestines, glycosuria and possibly true diabetes, serious distant focal infections, serious brain and nerve disturbances, ulcer of the stomach, pyelitis, appendicitis and chronic colitis and pneumonia. No treatment of these conditions will be of any avail until the mouth is made clean. Stock or autogenous vaccines are not very promising as to their therapeutic value, but should always be tried in obstinate cases. No promise of cure of a distant focus should be made but much benefit may be expected, and a determined effort should be made to eradicate all septic foci in the mouth. [E. H. R.]

MILITARY MEDICINE.

The Treatment of Trench Feet and Allied Conditions by Bier's Method of Passive Hyperemia.

Turner (*The Lancet*, Oct. 27, 1917) discusses the treatment of trench feet and allied conditions by means of passive hyperemia. The treatment should be directed to (1) cleansing of the foot and the prevention of secondary infections, and (2) the treatment of the original inflammatory changes and also of any secondary infection which may have developed. He describes in detail, with illustrative cases, the methods of treating such conditions by means of a constricting bandage applied just above the knee. For the first day this is kept on for 18 hours. It is then removed and re-applied after an interval of six hours. It is then again applied and on the second and succeeding days it is left on for 22 hours in every 24.

The bandage should in all cases be applied just tightly enough to impede the venous return, but on no account must it obstruct the arterial supply. In many cases there will be no alteration in the appearance of the limb, but in some there will be noticed a slight increase in the swelling, or the leg below the bandage may feel slightly warmer as the result of the congestion. The treatment should be painless, and any complaint of pain—not slight discomfort—is an indication for the removal of the bandage. He has had one case in which this was necessary, and even here the bandage was subsequently re-applied without any further complaint of pain. [J. B. H.]

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Current Literature Department.

ABSTRACTORS.

GERARDO M. BALBONI, M.D. JOHN BRYANT, M.D. LAURENCE D. CHAPIN, M.D. E. G. CRABTREE, M.D. R. S. EUSTIS, M.D. TORE W. HARMER, M.D. JOHN B. HAWES, 2D, M.D. RICHARD H. MILLER, M.D. EDWARD H. RISLEY, M.D. GEORGE G. SMITH, M.D. WILLIAM D. SMITH, M.D. LESLIE H. SPOONER, M.D. WILDER TILESTON, M.D. EDW. L. YOUNG, JR., M.D.

MILITARY MEDICINE.

ON THE ETIOLOGY OF TRENCH FEVER.

PAPPENHEIMER AND MUELLER (*British Medical Journal*, Oct. 13, 1917) discuss the etiology of trench fever. They describe the isolation of an organism from six cases in the blood, periosteum, fascia, in cultures from excised tissue and from the circulating blood. They summarize their work as follows:

They have, up to the present, succeeded in finding a characteristic organism in blood smears, in cultures from the blood, in sections of periosteum and fascia, and in cultures from these tissues.

The morphology of the organism obtained varies somewhat under different conditions. It is most definite and constant in the blood smears, whereas, in the sections of the tissue and in the cultures, smaller forms are met with the relation of which to the organisms present in the blood requires further study. So also the significance of the larger encapsulated forms seen in certain of their cultures. Since, however, they have repeatedly found, both in the cultures and in the sections of muscle, forms practically identical with those observed in the blood, they are of opinion that they are dealing with various forms of the same organism. As to the nature of the organism, they cannot yet commit themselves definitely. That it is not bacterial seems probable, (1) because of its characteristic morphology and the changes which it undergoes in culture, (2) because of its peculiar staining reaction which distinguishes it from ordinary bacteria; (3) because of its failure to grow on the usual bacteria media; (4) because of the absence of all inflammatory reaction about the organisms in the tissue. [J. B. H.]

REPORT OF AN INVESTIGATION INTO THE EFFECTS OF COLD UPON THE BODY.

LAKE (*The Lancet*, Oct. 13, 1917) has made an elaborate investigation upon the effect of cold on the human body. The summary of his work is as follows:

1. The temperature—6° C. must be considered critical in relationship to the effects of cold upon the tissues.
2. Degrees of cold below this temperature produce true frost-bite and actual damage to tissues.
3. Degrees of cold above this temperature only produce effects secondarily by causing vasomotor paralysis.
4. Nerve blocking does not prevent either the effects of frost-bite or of chilling.
5. The use of vaso-constrictors delays the swelling in cases of true frost-bite, while in cases of chilling the exudation may be entirely prevented.
6. Satisfactory treatment of trench foot must be directed towards preventing any appreciable rise in capillary pressure.
7. In the production of trench foot, cold must be

(Continued on page vi.)

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As is well known, the slightest irregularity in the process of manufacture of Salvarsan may cause the formation in it of toxic by-products. In order to protect the public and ourselves against the effects of accidental irregularities in manufacture, we ascertain toxicologically whether or not each lot of Salvarsan prepared by us is free from such toxic by-products. This knowledge is obtained for us by the head of the Department of Biological Chemistry in one of our leading university medical schools, who bears the same judicial attitude to our preparations that Prof. Ehrlich did to the standard German preparations, and who subjects our preparations to biological tests that he considers more rigorous and comprehensive than those adopted for this purpose by Prof. Ehrlich himself. We will market only such lots of Salvarsan as have been thoroughly tested by this biological chemist and pronounced by him to be free from injurious by-products. The name of our biochemical collaborator will be given to any who may wish to consult us regarding the nature and results of his tests of our preparations. Thus far his tests have demonstrated that the preparations of Salvarsan made by us were fully equal to standard Ehrlich preparations in their freedom from toxic by-products.

This American-made Salvarsan will be sold to the medical profession direct until local agencies have been satisfactorily established. The price to physicians will be $2.00 for the 0.6-gram size, with lower prices for the smaller sizes. The price to hospitals and dispensaries for clinical and charity use will be $1.50 per ampule of 0.6, in 50 and 100-ampule containers.

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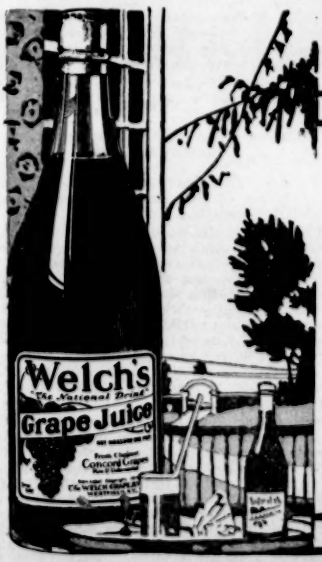

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(Continued from page vi.)

considered the essential factor, other factors being either secondary or subsidiary.

8. Treatment by the use of vaso-constrictors, either intravenously or otherwise, would appear logical and worthy of trial.

9. Treatment by nerve-blocking, either regional or central, is also suggested, although, in all probability, it cannot be expected to give good results unless used in conjunction with vaso-constrictors.

10. Prophylaxis consists in using any and every means of preventing congestion of the legs, and in avoiding, as far as possible, variations in the temperature.

11. The question as to whether any surgical procedure, such as temporary occlusion of the arteries, would bring about the desired reduction in capillary pressure, is being investigated. [J. B. H.]

PEDIATRICS.

DIABETES INSIPIDUS IN CHILDREN.

MOFFETT AND GREENBERGER (*Medical Record*, Sept. 22, 1917) in a very comprehensive article make the conclusions that this disease and its whole chain of symptoms which are so characteristic and always present in the true cases, has its fundamental origin in the pituitary gland and not in other parts of the body. The authors disagree with Eric Meyer and his co-workers for they do not believe that the changes in the concentration of the urine are due to a primary disorder of metabolism, but that the changes in metabolism of the body are secondary to the disease which is present in the pituitary body. This change in function which takes place works undoubtedly upon the glands of internal secretion and upon the entire organism. There is a good deal of evidence pointing to the fact that the changes observed in the kidney vessels themselves are only a part of the result of absence of pituitary secretion. The reduction of the amount of water and sodium chloride intake over long periods has no effect on the disease, but the use of pituitary extract two or three times a day leads to a marked diminution in the urinary output. [E. H. R.]

SURGERY.

A SERIES OF FIFTY CASES OF EXOPHTHALMIC GOITRE TREATED BY OPERATION.

WALTON (*The Practitioner*, October, 1917) reports on a series of fifty cases of exophthalmic goitre treated by operation.

The poor results of operation in the past, which have done so much to discredit surgical treatment, were, to a large extent, due to errors made in selecting the type of case for operation. In determining when the operation should best be performed it is necessary to keep these facts in mind: First, that every case shows variations in the amount of toxicity over short periods of time and that if an operation is carried out during an exacerbation it will be followed by a pronounced reaction which may be fatal, whereas it might safely be performed a week later.

Each case must be kept in bed and watched for a sufficient time for the course of the disease to be recognized, and an operation only undertaken when the symptoms are in a period of relative abeyance: a condition which can often be obtained more readily by the use of medical forms of treatment. It will be evident, therefore, that no case should be operated upon shortly after admission to a hospital or nursing home. It will be generally found that there is a period after admission, when, owing perhaps to the

(Continued on page viii.)

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FRENCH LICK, INDIANA

(Continued from page vi.)

journey, perhaps to the excitement of the change of life, the symptoms are all increased, and it is only after a period of several days or weeks that they will begin to abate.

The second factor to consider is the length of time that the disease has existed before operation is undertaken. No definite rules can be laid down to settle definitely the best time to operate. This must be decided only after long and careful observation.

The third factor is the onset of visceral changes. After the disease has been existent for a prolonged period, secondary changes take place in the other viscera.

He describes in detail operative technic, the nature of the anesthetic and of the operation. The period after operation and the after-treatment he believes to be of the greatest importance.

This period after operation may very distinctly be divided into the following stages:

1. The stage of reaction lasting for from two to four days.

2. The stage of primary improvement lasting for two or three weeks.

3. The primary relapse which, lasting for two or three months, is gradually recovered from.

4. The stage of instability when the patient is apparently cured.

5. The complete cure.

He gives each patient a slip with the following printed rules:

1. Live a quiet life and avoid all forms of excitement, such as theatres, shopping, politics, etc.

2. Obtain as much rest as possible by going to bed early and taking a mid-day nap.

3. Have an abundance of fresh air, especially at night, sleeping with open windows.

DIET.

Avoid

1. All stimulants, such as tea, coffee, alcohol, tobacco in any form.

2. Meat and all meat broths and soups. At most, a little beef, mutton, or chicken should be taken once, twice, or three times a week.

Take

1. As much milk as possible and all articles prepared with milk, such as milk soup, milk toast, cream and buttermilk.

2. Cooked vegetables, fruit either cooked or very ripe.

3. Eggs, bread, buttered toast, rice and cereals.

4. Plenty of good drinking water. If at all doubtful, the water should be boiled before drinking.

It will be seen from the above series of cases that operation, though not always successful, gives very satisfactory results. The mortality is reduced from approximately 25 to four per cent. A very high percentage, in this series 84%, are able to return to their work and lead normal lives, although a certain number of them still have symptoms of the disease. These figures will compare very favorably with those of cases under medical treatment. As a general rule, this latter has to be continued over many years. Some of the cases in this series have had treatment for five or six years before they were operated upon, without experiencing any relief. During this prolonged period, either they had never been able to do more than light work or, if they essayed more arduous duties, were forced to abandon them after a few weeks or months. After operation, on the other hand, they were often able, even if some signs were present, to carry out hard work for several years without any break. [J. B. H.]

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The dietetic treatment of diabetes mellitus, says one authority, "is by all means the most important therapeutic factor in the management of this disease. It aims not only to diminish the sugar that makes its appearance in the urine, but also the sugar in the blood," thereby improving the general condition of the patient and preventing complications. To that end, the natural course is to restrict the intake of carbohydrates.

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SURGERY.

THE HANDLING OF EARLY AND DOUBTFUL CASES OF CANCER.

GREENOUGH (*Ann. of Surg.*, October, 1917) publishes the results of clinical experience and the answers to a questionnaire sent out in order to obtain more definite rules to be laid down in regard to the important question of the removal of specimens for pathological diagnosis in cancer. The following rules are formulated for guidance in dealing with malignant disease of various parts of the body:

1. Suspected, but doubtful lesions of the external skin.—If small, complete excision of the lesion should be performed. If large, excision of a portion of the growing edge of the lesion, followed by cauterization, is to be advised only after all other resources of clinical diagnosis, including consultation, have been employed, and then only when facilities for immediate frozen section diagnosis are available and the operation for cancer, if it prove necessary, can be completed under one anesthesia.

2. Suspected, but doubtful lesions of the lip.—If small, V excision, with a good margin, of the whole lesion, should be performed. If large, excision of a portion of the growing edge of the lesion, followed by cauterization, is to be advised only after all other resources of clinical diagnosis, including consultation, have been employed, and then only when facilities for immediate frozen section diagnosis are available and the operation for cancer, if it prove necessary, can be completed under one anesthesia.

3. Suspected, but doubtful, lesions of the tongue.—Excision of the whole lesion, if small, should be performed. If large, excision of a portion of the growing edge of the lesion, followed by cauterization, is to be advised only after all other resources of clinical diagnosis, including consultation, have been employed, and then only when facilities for immediate frozen section diagnosis are available and the operation for cancer, if it prove necessary, can be completed under one anesthesia.

4. Suspected, but doubtful, lesions of the palate, tonsil and the buccal mucous membranes.—If small, excision of the whole lesion should be performed. If large, excision of the margin of the lesion, followed by cauterization, is to be advised only after all other resources of clinical diagnosis, including consultation, have been employed, and then only when facilities for immediate frozen section diagnosis are available and the operation for cancer, if it prove necessary, can be completed under one anesthesia.

5. Suspected, but doubtful lesions of the esophagus. Esophagoscopy and excision of the margin of the lesion may be performed, but the danger of perforation of the esophagus must be borne in mind.

6. Suspected, but doubtful, lesions of the stomach. —Pylorectomy, gastrectomy, or primary gastro-enterostomy, to be followed at a later operation, in necessary, by gastrectomy. Here the difference in the severity of the possible operations for benign and for malignant disease is not sufficient to make an

(Continued on page vi.)

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(Continued from page ix.)

exploratory incision into suspected cancer tissue a necessary or advisable preliminary to radical operation.

7. Suspected, but doubtful, lesions of the small intestine and colon.—Excision with anastomosis. Here the difference in the severity of the possible operations for benign and for malignant disease is not sufficient to make an exploratory incision into suspected cancer tissue a necessary or advisable procedure.

8. Suspected, but doubtful, lesions of the gall-bladder.—Cholecystectomy. Here the difference in the severity of the possible operations for benign and for malignant disease is not sufficient to make an exploratory incision into suspected cancer tissue a necessary or advisable procedure.

9. Suspected, but doubtful, lesions of the liver.—If cancer, generally secondary to cancer elsewhere. Exploratory excision or incision into liver tissue is rarely necessary or advisable, except to confirm a diagnosis of hopeless malignancy, and thus avoid unnecessary radical operation.

10. Suspected, but doubtful, lesions of the rectum.—Excision of a portion of the growing edge of the lesion, with cauterization, is to be advised only after all other resources of clinical diagnosis, including consultation, have been employed, and then only when facilities for immediate frozen section diagnosis are available and the operation for cancer, if it prove necessary, can be completed under one anesthesia.

11. Suspected, but doubtful, lesions of the kidney.—Nephrectomy. Here the difference in the severity of the possible operations for benign and for malignant disease is not sufficient to make an exploratory incision into suspected cancer tissue a necessary or advisable procedure.

12. Suspected, but doubtful, lesions of the bladder.—Cystoscopy, and excision of a portion of the lesion, with cauterization, is to be advised only after all other resources of clinical diagnosis, including consultation, have been employed, and then only when facilities for immediate frozen section diagnosis are available and the operation for cancer, if it prove necessary, can be completed under one anesthesia.

13. Suspected, but doubtful, lesions of the prostate.—prostatectomy. Here the difference in the severity of the possible operations for benign and for malignant disease is not sufficient to make an exploratory incision into suspected cancer tissue a necessary or advisable procedure.

14. Suspected, but doubtful, lesions of the testicle.—Orchidectomy. Here the difference in the severity of the possible operations for benign and malignant disease is not sufficient to make an exploratory incision into suspected cancer tissue a necessary or advisable procedure.

15. Suspected, but doubtful, lesions of the cervix of the uterus.—(*a*) Excision of the lesion: (*b*) amputation of the cervix: (*c*) excision of a fragment of tissue, with cauterization. Opinion is not conclusive. Some advise hysterectomy on suspicion of malignancy. This is undoubtedly radical, but preserves the patient her best chance of cure. Others prefer the exploratory excision of tissue or amputation of the cervix, to be followed immediately by the complete operation if frozen section shows cancer.

16. Suspected, but doubtful, lesion of the fundus of the uterus—.Curettage. Opinion divided. Some advise hysterectomy on suspicion of malignancy; others advise curettage and immediate frozen section diagnosis.

17. Suspected, but doubtful lesions of the ovary.—Oöphorectomy. Here the difference in the severity of the possible operations for benign and for malignant disease is not sufficient to make an exploratory incision into suspected cancer tissue a necessary or advisable procedure.

(Continued on page viii.)

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ENLIST!

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FRENCH LICK, INDIANA

(Continued from page vi.)

18. Suspected, but doubtful, lesions of the breast.—Local excision of tumors of the breast suspected of being malignant and submission of tissue for subsequent pathological report cannot be recommended. If direct incision with frozen section diagnosis is not possible, amputation of the whole breast, with dissection of the axilla, should be performed in suspected cancer in women over thirty-five years of age. This is endorsed by ninety per cent. of the replies.

19. Suspected, but doubtful, lesions of the lymph nodes in the neck, axilla, and groin, in cases where radical operation is a possibility even if cancer is found to be present. A block dissection of the area involved, including the adjacent lymph nodes, is to be recommended in preference to the excision of a single suspected node. Where obviously a hopeless case of cancer is shown to be present, removal of a single node may prevent a useless operation, and is to be recommended.

20. Sarcoma and obscure tumors deeply placed.—Exploratory removal of tissue for subsequent pathological examination cannot be recommended. Facilities for direct exploration and frozen section diagnosis should be secured in cases where doubt exists after x-ray studies and other clinical means of diagnosis are exhausted, before radical operation, such as amputation, is performed.

21. In general, superficial and ulcerated lesions are the only ones in which fragments of tissue may safely be removed for microscopic diagnosis. In deep tumors, where the exploratory incision necessarily opens up normal tissue to infection, exploratory excision of suspected tissue is to be condemned, and should be avoided. Where other resources of diagnosis have been exhausted, an exploratory excision, with an immediate frozen section diagnosis, and immediate performance of radical operation, if it prove necessary, is the least dangerous procedure for the patient. No suspected tissue should be excised for diagnosis, unless by a surgeon who is equipped to perform immediately the radical operation for the cure of cancer of the organ involved.

22. To these recommendations may be added the following: The routine pathological examination of all tumor tissues removed by operation should be made compulsory. To this end competent laboratories for the free diagnosis of pathological material should be maintained as a function of the State.

[E. H. R.]

Persistence of Bacteria within Sequestra.

Taylor and Davies (*Ann. of Surg.*, November, 1917) find that aërobic and anaërobic bacteria both invade the body substance of nearly all sequestra and remain there as long as the sequestra persist. Gas-forming, spore-bearing, anaërobic bacilli, usually the B. aërogenes capsulatus and B. malignans edematis, persist longer within the one than in the wound around it. They are never recovered from the wound when absent from the sequestra. Nests of these anaërobes may persist for some time after the wound is completely healed and these within the dead bone appear to be associated with the occurrence of flares after bone operations. Flares occur more frequently after sequestrectomy when the cases were over 120 days old than when the cases were under that age.

[E. H. R.]

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MEDICINE.

OBSERVATIONS ON CIRCULATORY INEFFICIENCY, WITH SPECIAL REFERENCE TO THE NERVOUS FACTOR.

GUNSON (*The Lancet*, Nov. 3, 1917) discusses what he calls inefficiency in diphtheria and other acute infections. He describes two cases of this condition of vascular type and cardiac type. In both, disturbed nervous control is held to be the essential factor.

Vascular type. The cardiac rhythm remains normal, and there occurs a primary failure of the peripheral circulation with subsequent embarrassment of cardiac action. The outstanding symptoms are vasomotor and depend upon the disturbed function of the nervous control of the peripheral circulation. The intrinsic nerve elements of the blood-vessels, the extrinsic nerves and their connections may all be involved; disturbance of suprarenal gland activity probably plays an important part.

This condition is described in the acute stages of diphtheria and dysentery; it has been noted also in severe cases of scarlet fever, pneumonia, and enteric fever. When it persists a group of symptoms—exhaustion on slight exertion, dyspnea, pain, giddiness, and palpitation—is established which may become permanent; to obviate this, early treatment, complete removal of the infective focus, and adequate rest are essential in all patients suffering from acute infections.

Cardiac type. This type, observed in diphtheria, is always preceded by the onset of a severe arrhythmia, due, as a rule, to frequent premature contractions with occasional paroxysms of regular tachycardia. A comparison is made between the state of the circulation in this condition and that which results from the onset of auricular fibrillation, the common cause of cardiac failure in patients not suffering from acute illness. It is suggested that any consideration of the factors controlling arrhythmia should embrace, in addition to the intrinsic nervous connections, including the central nervous system, the sympathetic system, and the pathological processes which specially influence their structures. [J. B. H.]

MILITARY MEDICINE.

REMARKS ON THE TREATMENT OF NEURASTHENIA AND PSYCHASTHENIA FOLLOWING SHELL SHOCK.

WILLIAMSON (*British Medical Journal*, Dec. 1, 1917) discusses numerous cases of neurasthenia and psychasthenia following shell shock, and summarizes his views as follows:

"1. All anxiety and fear of further exposure to similar risks to life, and anxiety from other causes should be removed if possible, and the patient should be definitely told that he will certainly recover.

"2. The sleep treatment is very useful. At first hypnotic drugs may be given both at night and during the day for a short time, so that the patient may sleep all night and for a few days also during part of the daytime.

(Continued on page vi.)

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(Continued from page iv.)

"3. He should cease thinking of the war and his experiences. This may be brought about (*a*) at first by the sleep during part of the daytime as well as during the night, as just described, and by occupation whenever he is awake; (*b*) afterwards he should be kept asleep all night (by drugs), but during the day the drugs should be discontinued and he should be kept fully occupied in a suitable way.

"4. As regards the kind of occupation:

a. A new subject, or one not associated with his war experience is desirable.

b. Very close application to the work in hand is important.

c. The occupation should be one requiring thought and if the patient finds, after continuing it for some time, that it can be done mechanically, the occupation should be changed or altered so that thought is required.

d. It should be one very interesting to the patient and one which will become more interesting.

"Many other methods of treatment have been tried and recommended, but I have not attempted any review of the literature of the subject, and have only considered the treatment which, from my own observations, has appeared suitable. In many of the severe cases recovery is very slow, but I think the line of treatment suggested will be found of much service." [J. B. H.]

Further Observations on the Results of Blood Transfusion in War Surgery.

Robertson and Watson (*British Medical Journal*, Nov. 24, 1917) present further observations on blood transfusion with the details of 36 cases and come to the following conclusions:

1. Many cases admitted in an inoperable condition from severe hemorrhage have been rendered operable by blood transfusion.

2. The largest factor in the causation of the condition of shock as seen in patients admitted to a casualty clearing station appears to be the loss of blood, except in cases of visceral injury.

3. In two cases hemolysis hastened the death of the patient. In one of these the citrate method was used. The possibility of hemolysis certainly is present, but the danger of its occurrence is slight in comparison with the danger of operating on a shocked and exsanguinated patient.

4. The results in this series of cases of severe primary hemorrhage may be classified as:

Life saving	22
Immediately beneficial, but died from infection or operation	9
No benefit	3
Harmful	2
Total	36

5. Although the mortality in this series of cases is comparatively high, it must be remembered that all the patients were in a desperate condition and, with perhaps one possible exception, could not have been expected to survive if the procedure had been withheld. [J. B. H.]

A Report on the Pathology, Diagnosis, and Treatment of Absolute Hysterical Deafness in Soldiers.

Hurst and Peters (*The Lancet*, Oct. 6, 1917), discussing etiology, diagnosis, treatment, and pathogenesis of absolute hysterical deafness in soldiers, report two cases. They are convinced from their experience in these cases that absolute deafness associated with normal vestibular reactions should be regarded as

(Continued on page viii.)

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(Continued from page vi.)

hysterical and, when simple encouragement fails, as will generally be the case if the patient is not also dumb, an "operation" should be performed by which the patient is given a small amount of ether and a slight incision made back of the ear by means of which simple procedure hearing is often restored. The patient should be firmly convinced beforehand that this "operation" is going to restore his hearing. [J. B. H.]

SURGERY.

The Treatment of Staphylococcus Septicemia by Transfusion of Immune Blood.

Hooker (*Ann. of Surg.*, November, 1917) bases his report on five cases treated by immune donors. Three cases recovered, and two died suddenly after immediate striking improvement, from cerebral embolism, on the eighth and eighteenth days after the last transfusion. The donors in four cases were immunized by being subjected to varying degrees of vaccination from the patient's infecting organism. This limited experience was favorable enough, however, to impress the author with the value of this procedure in cases not responding to other forms of treatment. In cases with chronic bone infection there is generally time in which to prepare a donor's blood, but with rapid or prolonged anemia, a preliminary transfusion with normal blood should be done first. The work and report are suggestive. [E. H. R.]

The Results of Treatment of Bladder Tumors.

Geraghty (*Jour. A. M. A.*, Oct. 20, 1917) reviewing the progress of our treatment of these conditions emphasizes the fact that it is essential to determine accurately the type of tumor in a given case in order to select the treatment best suited to the particular type in question. The early recognition of papillary carcinoma is most important and when the diagnosis is made the tumor should be radically resected, if operable. It has been the experience that radium or fulguration is valueless in this type of case. Recurrences, however, after radical operation, may be cured if treated early either by fulguration or radium or a combination of the two. In the more resistant malignant papillomas radium and fulguration have affected many cures and much symptomatic relief. In this type the more conservative methods give far better results than the radical procedures. [E. H. R.]

Bladder Disturbances Due to Nerve Lesions.

Smith (*Jour. A. M. A.*, Oct. 20, 1917) in a brief paper, well illustrated with case histories, calls attention to the fact that the first signs of such nerve diseases as tabes dorsalis, syringomyelia, multiple sclerosis may first be observed by the urologist to whom the patient comes for relief of various forms of bladder disturbances. The above diseases should always be suspected in bladder disturbances which cannot be explained on simpler grounds or which do not respond to treatment of an appropriate kind. [E. H. R.]

Acute Suppurative Cellulitis of the Stomach.

Rixford (*Ann. of Surg.*, September, 1917) in an interesting article on this condition which is often spoken of as phlegmonous gastritis, finds only 150

(Continued on page x.)

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Literature sent upon request

(Continued from page viii.)

cases reported in the literature. He believes, however, that the condition is much more common than reported. Streptococci have been consistently demonstrated in pathological specimens. Clinically the onset is sudden, with epigastric pain, chill, burning sensation in the stomach, vomiting and fever, leucocytosis and acute tenderness in the epigastrium. Diagnosis is difficult,—acute hemorrhagic pancreatitis often being diagnosed, or even perforation of gastric or duodenal ulcer. Phlegmon secondary to extensive carcinoma or chronic ulcer of the stomach is less fulminating in its onset than the so-called primary cases when no soldering of the loose areolar tissue has taken place. Cases with localized abscesses are the most favorable for surgical treatment; cases with minute multiple abscesses, less favorable; and cases with diffuse cellulitis are the least favorable. In the first group the indications for incision and drainage are clear. In the second group partial or total gastrectomy may be done. [E. H. R.]

MILITARY SURGERY.

An Address on Injuries to the Peripheral Nerves and Their Treatment.

Moynihan (*British Medical Journal*, Nov. 3, 1917), in an interesting and practical article on injuries to the peripheral nerves, summarizes his results as follows:

1. The earliest examination should be made of all wounds in which division of a nerve trunk is probable. If at the casualty clearing station such a lesion is found, end-to-end suture should be adopted forthwith. This is more likely to be possible in cases where primary suture of the wound, after excision, is found practicable.

2. If secondary sutures of the wounds, after the Carrel-Dakin method has been practised, is to be undertaken, the union of divided nerves should be secured at the same time.

3. If these methods have been attempted and have failed they do not prejudice the later union of the nerve. On the contrary, they probably ensure that an easier and more satisfactory operation can then be practised.

4. Throughout the whole period before late nerve suture is attempted the strictest attention must be paid to the relaxation and nutrition of all paralyzed muscles, to the maintenance of suppleness in all joints moved by these muscles, and to the preservation of the integrity of the skin.

5. Operations upon nerve trunks demand the most scrupulous observance of the ritual asepsis. There must be the greatest gentleness of manipulation; the nerve must not be injured by instruments or by the surgeon's finger; it must not be separated from its sheath or disturbed overmuch from its bed; it must not be chilled or allowed to dry. All sutures must be of fine catgut, and introduced with most punctilious accuracy. Axial rotation of the nerve must be avoided. The cut ends of the nerve before approximation must show clearly the fibres of which the trunk consists.

6. Nerve-grafting is of little or no value; nerve anastomosis is to be sharply condemned; the turning down of flaps from the nerve to bridge a wide gap is useless.

7. Tendon transplantation is of great value in cases where nerve suture is impossible, or has given a result not entirely satisfactory. [J. B. H.]

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MILITARY SURGERY.

GUNSHOT WOUNDS OF THE CHEST

ANDERSON, ROBERTS, CRAIG, GRAY, COWELL, AND HATHAWAY (*British Medical Journal*, Nov. 3, 1917) in five articles discuss the general subject of severe penetrating wounds in the chest.

Anderson emphasizes the need of an x-ray examination and gives the details of operative procedure especially as to his results with the use of brilliant green. He presents six illustrative cases.

Roberts and Craig discuss the subject more in detail. The two essential principles on which treatment is based are:

1. Complete removal of all sources of sepsis.
2. Conservation of the function of the joint if this is compatible with (1).

They divide up perforating wounds of the chest into four classes.

1. Open wounds with free air entry.
2. Closed wounds with septic laceration.
3. Closed wounds with early signs of infection of hemothorax.
4. Closed wounds with no evidence of intra-pleural infection.

They discuss physical signs in the chest, caused by such wounds, the preliminary treatment of the patient, indications for operation and the nature of the operation itself. The operation is especially indicated when the lung is adherent to the chest wall; when the lung is not adherent operation is especially difficult. They recommend the use of local anesthesia.

Of the 199 cases, 103 were not operative; 24 died without operation, leaving 67 on whom operations were performed. Of these 67 cases 33 died and 34 eventually recovered.

Gray, discussing these cases and the operations, emphasizes the fact that operation is undertaken with two great objects in view—(a) to prevent sepsis from getting a hold, and (b) to tide the patient over a dangerous period.

Cowell, discussing plastic transcostal thoracotomy, states that this method is simple and quick, provides perfect access to the chest contents, and, moreover, ensures a rapid, perfect closure. It was originally with the idea of saving time that this operation was thought out. One of the lessons of war surgery is that not only the recovery of the individual but the welfare of many patients often depends to a great extent on the speed at which the surgeons work. Also, the operation which gives as an end result the closest approximation to the original normal anatomical condition, without risk or other disadvantage to the patient, is always the ideal at which one should aim.

Hathaway, discussing the early operative treatment of penetrating gunshot wounds of the chest, concludes that:

(Continued on page vi.)

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Beef Juice,
Compound Glycerine Emulsion, q. s.
Hypophosphite Lime, } 1½grs.
" Soda, } each to
Chemically Pure } the oz.
Fl. Ext. Nux Vomica, 3-64 of a minim in each teaspoonful.

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(Continued from page iv.)

The ideal methods of modern surgery are (1) early operation, (2) complete excision of wound and damaged tissues, (3) removal of metal fragment and clothing, (4) mechanical cleansing of wound (the use of strong antiseptics to be avoided), (5) complete suture of wound. Provided that one can get *early and complete* operation, there is far more danger from secondary than from primary infection.

The treatment of wounds of the chest, therefore, follows the same lines as those of the abdomen, head, knee, or other joints; they require just as early operation, and it will be found that the results are just as good. [J. B. H.]

THE LATER HISTORY OF CASES OF GUNSHOT WOUNDS OF THE CHEST WITH RETAINED MISSILES.

RUDOLF (*The Lancet*, Nov. 10, 1917) has followed up the later history of 50 cases of gunshot wounds of the chest which he summarizes. He concludes that:

1. Evidence is lacking that small fragments of shell and shrapnel and likewise rifle balls retained in the lung commonly give rise to any serious trouble.
2. The mortality of gunshot wounds of the chest in patients that have survived the early days of their invalidism and been sent to England with retained missiles in the chest is practically nil if these foreign bodies be left alone.
3. Hence, when it has not been considered necessary by the surgeons at the front to operate immediately, it should not later on be done, unless, indeed, some very definite indication, such as an abscess, exists. [J. B. H.]

THE SPREAD OF INFECTION IN OPEN BONE AND ITS BEARING ON THE TREATMENT OF PROJECTILE FRACTURE.

MARTIN AND PETRIE (*British Medical Journal*, Oct. 6, 1917) discuss the spread of infection in open bone in war fractures, with the following conclusions:

1. Soft parts killed by the direct effect of the missile require removal.
2. An infected fracture of the shaft of a long bone requires opening to the full extent of solution of continuity.
3. In infected fracture of cancellous bone the superficial debris of smashed trabeculae, etc., requires removal. Solid bruised bone is able to resist infection and may be left.
4. As penetration is at its maximum in the first few days, early operation is essential, especially in fractures of cancellous bone involving joints.
5. Every artery directly or indirectly supplying a fractured bone is of importance in the defence against infection.
6. In the presence of vascular injury proximal to the fracture, radical measures, such as amputation or resection of a joint, may be adopted with less hesitation. [J. B. H.]

TREATMENT OF A SERIES OF RECENTLY INFLICTED WAR WOUNDS WITH FLAVINE.

DRUMMOND AND MCNEE (*The Lancet*, Oct. 27, 1917) report further results of war wounds with flavine. Their conclusions are as follows:

(Continued on page viii.)

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(Continued from page vi.)

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2. Emphasis must be laid on the fact that excision of damaged tissue and mechanical cleaning of the wound are necessary preliminaries to the use of flavine.

3. Flavine cannot be classed as a success in the treatment of the later stages of war wounds. The wounds tend to assume a stagnant condition during which the processes of repair are almost in abeyance. After a few days, when the danger of gas gangrene and the spreading sepsis have to a great extent passed off, flavine should be stopped and another treatment adopted.

4. In the majority of cases, war wounds are not rendered bacteriologically sterile even by the prolonged use of flavine.

5. Test-tube experiments carried out with organisms isolated from actual wounds bear out the strong antiseptic properties of flavine, and their enhancement in the presence of serum. Coliform bacilli, which are a common infection in the later stages of wounds, are much more resistant to the action of the antiseptic in test-tube experiments than any of the other types of organism examined in this way.

[J. B. H.]

Penetrating Gunshot Wounds of the Chest and Their Treatment.

Gask and Wilkinson (*British Medical Journal*, Dec. 15, 1917) present remarks on the general subject of penetrating wounds of the chest. The causes of death in uncomplicated cases may be due to the very extensive and severe injuries and may occur in a few hours. Deaths later on are almost invariably due to sepsis of which foreign bodies are generally the cause. The principles of treatment are first to allow the patient to rest undisturbed for one or two hours. An x-ray examination is essential providing there is no wound or exit. The indications for early operation are:

A ragged wound of the soft parts.

Compound fracture of ribs.

Bleeding from parietal wound.

Suction of air into the pleural cavity.

Retention of a large foreign body in an accessible position.

Pain (often the result of in-driven splinters of rib scratching the lung with every respiratory movement).

Rapidly increasing pneumothorax.

When operation is not necessary the treatment is along general medical lines.

They describe the details of operation, the proper anesthetics, the operative technic, procedure within the thoracic cavity, and contraindications for operations. [J. B. H.]

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MEDICINE.

EXPERIENCE IN COLONY TREATMENT AND AFTER-CARE.

WOODHEAD AND VARRIER-JONES (*The Lancet*, November 24, 1917) discuss their experiences in the colony treatment of consumption and after-care.

They believe that in England, at least, sanatorium treatment of consumption for the well-to-do has been a success, but that for the laboring classes it has been a failure. The chief reason for this is that the workingman's stay in the sanatorium has been far too short and that his life has not been sufficiently supervised after leaving the sanatorium. They discuss the cause of this state of affairs and the various means of remedying it.

There are two ways in which this can be done—one is to prolong the actual treatment at the sanatorium, and the other is to provide suitable accommodation and to give the workingman an equal opportunity of carrying on the treatment in his own home,—an opportunity already enjoyed by his more fortunate friends, neighbor; furthermore, if the consumptive patient is to be asked to perform labor, it is essential that such labor should be of a useful type and of a kind that under other conditions can be definitely remunerated. There is a strong feeling in English institutions on the part of patients against performing any labor, whatsoever, on the ground that they do not come there to work and that no one has a right to make them do so. (Compare this with the rule laid down by the Trustees of Massachusetts Hospitals for Consumptives, that, "work shall be regarded as a therapeutic agent and shall be prescribed as such."—J. B. H.).

They then present the views of the workingman in regard to these very questions.

They take up the work of after-care associations formed for the purpose of supervising the discharged sanatorium patient, and provide the means of providing work under conditions which will benefit him and enable him to maintain his health. They present the details of such a scheme and a typical case.

They believe in providing some method in which tuberculosis labor may be subsidized for a short or long period after leaving the sanatorium. They would maintain that under ideal conditions the patient should remain in the sanatorium or under its close supervision until he no longer needs to be so subsidized.

They sum up the advantage of such conditions as follows:

1. Prolongation of the period of treatment with (a) more intensive, because more interesting and better graduated, treatment; (b) the utilization of suitable occupations in such treatment even during the earlier stages of residence in the colony; (c) the continuation of training and the consolidation of the improvement already gained during the preliminary stages of treatment; (d) more personal supervision and immediate encouragement.
2. The utilization to the best advantage of the funds drawn from (a) the National Insurance Commissioners; (b) the rates; (c) the Pensions Ministry; (d) approved societies; (e) voluntary subscribers.

(Continued on page vi.)

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(*Continued from page iv.*)

3. The pooling of the advice and countenance of these various authorities, bodies and individuals.

4. The preparation and encouragement of the patient to re-enter under more favorable conditions on the struggle for a livelihood without having to contend against the drawbacks attending overwork, overstrain, and anxiety.

5. The moral encouragement afforded to the patient by the knowledge that these favorable conditions, already tried and successful in the case of others, are available in his own special case.

6. The gain to the community of a productive member in place of a useless consumer. It may be objected that this member is producing but 50%, or 60% of his full or original amount, but to this it may be answered that this 50% or 60% may represent considerably more than the full capacity of many a healthy worker.

7. The segregation and isolation of "centres" of massive infection and the bringing down to a comparatively safe dilution, of less—but still under certain conditions—dangerous quantity.

8. The education of patients in the "ritual" necessary for their own "nutrition," maintenance in, or restoration to, health and strength, and especially the knowledge of how to render themselves harmless to themselves, their families, and their friends.

9. The inculcation of a feeling of moral and physical self-respect involved in

10. The knowledge that they are being cared for, not out of charity, but because their fellows—the State or community—recognize that they, members of this community, have fallen by the way, not a result of their own misdoings, but because surroundings were unfavorable and conditions adverse, and that these righted they still have a chance of making a success of their life and work.

In the following article MEEK (*The Lancet*, NOV. 24, 1917) discusses the same subject under the title of "The Value and Limitations of Sanatorium Treatment as Regards the Working Classes."

The chief objections to the present system are the return of the workingman to faulty environment, the lack of provision for prolonged treatment, the lack of provision for re-treatment, the admission of cases unsuitable on grounds other than medical and the need of earlier diagnosis. [J. B. H.]

SURGICAL COMPLICATIONS OF TYPHOID AND PARATYPHOID FEVERS.

WEBB-JOHNSON (*The Lancet*, Dec. 1, 1917) discusses the surgical complications of typhoid fever and the treatment of the same.

Among others he considers intestinal hemorrhage, intestinal perforation, rupture of the spleen, abscess of the liver, gall-bladder affections, affections of the genito-urinary system, parotitis, joint complications, bone complications, with particular reference to typhoid spine. Finally, he discusses in brief the problem of typhoid carriers and the question of antiinoculation. [J. B. H.]

THE INTERNAL FORM OF ACUTE HODGKIN'S DISEASE.

HOWELL (*The Practitioner*, December, 1917) discusses the acute form of Hodgkin's disease characterized by the enlargement of glands within the abdomen or thoracic cavity with very little enlargement of the superficial glands. This is known as the internal form. He presents one case in detail with a post mortem report. He discusses the differential diagnosis of this condition from appendicitis, cerebrospinal meningitis, tuberculous meningitis, pulmonary tuberculosis, and typhoid fever. He takes up briefly the historical aspects of this condition. [J. B. H.]

(*Continued on page viii.*)

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(Continued from page vi.)

VINCENT'S DISEASE OF THE MOUTH AND PHARYNX.

McKINSTRY (*The Practitioner*, December, 1917) in an elaborate article discusses the general subject of Vincent's disease, otherwise known as Vincent's angina. He compares the seasonal variation of cases of true Vincent's angina with cases of ulceration of the gums due to other spirochaetal infections. The ages of his cases vary from 16 to 60. Nearly all occur in young, robust, healthy-looking men. This does not agree with other observations on the subject. In most of these men there was a most considerable amount of oral sepsis. Such affections do not appear to be highly contagious, but are generally transmitted by direct contact such as the mouthpieces of pipes, cigaretteholders, etc. He discusses the organisms that have been held responsible for this condition by various observations and describes their cultivation. The only condition which this disease is likely to be mistaken for is pyorrhoea alveolaris.

Treatment, when the disease is limited to the gums, consists in having the teeth and gums thoroughly attended to. He then discusses 157 cases of spirochaetal affections of the tonsils, so-called Vincent's angina. He describes the symptoms of this condition, particularly the differential diagnosis from diphtheria. He gives many illustrative cases and a long list of references. [J. B. H.]

MILITARY MEDICINE.

THE ETIOLOGY AND TREATMENT OF WAR NEUROSES.

HURST (*British Medical Journal*, Sept. 20, 1917), discussing the etiology and treatment of war neuroses, takes up (1) exhaustion resulting in neurasthenia and soldier's heart. He then takes up these abnormal conditions resulting in stupor and amnesia, hysteria, hyperadrenalism and hyperthyroidism, and exaggerated defensive reflexes as the result of violent stimulation of the emotions. Finally he takes up the various forms of shell shock. [J. B. H.]

BLOOD PRESSURE AND SURFACE TEMPERATURE IN 110 CASES OF SHELL SHOCK.

GREEN (*The Lancet*, Sept. 22, 1917) presents her observations on blood pressure and its relation to the physical condition of patients in the British Army.

It was found that 55 men showed on admission a pressure below 120 mm. Hg., and of these 25 were between 88 and 110. These were the severe cases of shell shock. Of the other 55, 28 were between 130 and 150 mm. Hg., and 27 between 120 and 130. Of those above 130 only 4 were severe cases. With the exception of 8 men, all showed subnormal surface temperature varying from 18° to 31.5°C. The temperature was taken in the hand with a surface temperature thermometer, the temperature of the air and a healthy control being noted at the same time.

All of the cases with a very low blood pressure were suffering from dreams which woke them in a state of terror, sweating, and trembling. Their hands were dusky and clammy, and most of them had a tremor. They showed a marked fatiguability and irritability; most of them were depressed and showed a great lack of self-confidence and initiative; all suffered from headache. On admission nearly all had dilated pupils.

An improvement in the general condition was coupled with a gradual rise of pressure. At the same time the dreams became less terrifying and there were fewer signs of fear. In some cases which had shown a return of symptoms—such as nightmares, tremors, headaches, or had some cause for considerable worry

(Continued on page x.)

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(Continued from page viii.)

—it was found that there was a drop in blood pressure at the same time. In most cases there was a rise of surface temperature as the general condition improved, though any subsequent fall in surface temperature or blood pressure did not always coincide.

No case showed any organic lesion, and the urine was normal.

As a gradual rise in blood pressure was found to coincide with general improvement in condition, pituitary and thyroid extracts were given in order to see whether a general improvement could be obtained more quickly.

An interesting point was the almost constant relationship between the low blood pressure and terrifying dreams. It seems as though the vaso-motor disturbance which was produced at the time of the shock was rendered more or less permanent by the constant repetition in dreams of his former terrifying experiences. At the same time the low blood pressure caused a cerebral anaemia and lessened mental and physical activity, which prevented the man from throwing off the effects of his imagination—thus a vicious circle being produced. A gradual or rapid rise of blood pressure in nearly every case was accompanied by a change in the character of the dreams, the terror element being less marked. [J. B. H.]

SURGERY.

Five Hundred Consecutive Cases of Acute Gonorrhoea Treated With Vaccines.

Lumb (*British Medical Journal*, Oct. 6, 1917) discusses the treatment of 500 consecutive cases of acute gonorrhoea with vaccines. The general effects of this treatment on the patients are as follows:

1. Mental relief at the rapid disappearance of the discharge.
2. Rapid disappearance of pain on micturition.
3. Rapid disappearance of pain on irrigation.
4. Exercise can be taken without delaying the cure.

Of his 500 cases 222, or 44%, had some form of complication. The average duration of the 278 uncomplicated cases was 35 days, or 5 weeks. The average stay of all complicated cases was 52 days.

It has from time to time been suggested, though never with adequate proof, that vaccines are dangerous in the acute stage, and lead to complications. If this were so it would have been expected that in this series of 500 acute cases, all treated from the start with big doses, a large proportion of complications would have developed, especially epididymitis and arthritis. This is not the case.

Of the 101 epididymitis cases 70 were present on admission, leaving 31 developed out of 430 cases, that is, 7%.

Of the 10 arthritis cases 8 were present on admission leaving 2 developed out of 490 cases, that is, less than 1%.

The most remarkable feature of all is the exceptionally low percentage of relapses. Out of the 500 cases two only have occurred during a period of 4 months after completion of the series. Many of the cases left the hospital more than six months ago. This gives a relapse rate of less than 1%. It is a very satisfactory proof of the value of vaccines as a test of cure, and although by admitting that the number of days under treatment could be reduced in many instances, the relapse rate would very soon counterbalance any gain. At the present time everything possible has to be done to minimize the number of relapses of gonorrhoea cases, and this system has been found, in actual practice, to be far in advance of any other; whilst the number of days under treatment compares favorably with any known figures.

[J. B. H.]

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And **ATOPHAN** acts without cardiac depression, excessive diaphoresis, constipation or kidney irritation.

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PATHOLOGY, PHYSIOLOGY AND PHARMACOLOGY.

A COMPARATIVE STUDY OF THE REACTIONS TO HUMAN AND BOVINE TUBERCULIN APPLIED BY THE METHOD OF VON PIRQUET.

GOUVAIN (*The Lancet*, Oct. 6, 1917) reports an investigation of the cutaneous tuberculin reaction to determine the following points:

1. Whether the reaction to cutaneous inoculations of tuberculin was constantly present in patients suffering from undoubted tuberculous lesions of the bones or joints—that is, in patients from whose lesions the tubercle bacilli had been isolated.
2. If not constantly present, under what circumstances the reaction would not appear.
3. Whether by using both human and bovine tuberculin for the von Pirquet test it would be possible to ascertain, from the reaction which followed, whether the patient was suffering from tuberculosis of human or bovine origin.
4. Whether the degree of reaction gave any indication of the severity of infection.

The results of his conclusions are as follows:

1. Local reactions to inoculations of both human and bovine tuberculin were invariably present in all patients from whose pus tubercle bacilli had been isolated.
2. Though reactions were invariably present the degree of reaction varied within wide limits.
3. Weakly and cachectic patients usually reacted feebly, quite irrespective of differences in the severity of their local lesions.
4. Strong and vigorous patients exhibited wide differences in the degree of their reactions, irrespective of differences in the extent of the severity of their local lesions.
5. The quantitative von Pirquet test was not found to be of value in forming an estimate of the severity of the infection, and was of little prognostic value.
6. It was impossible to differentiate the type of tubercle bacillus with which the patient was attacked by the nature of the reaction to the tuberculin employed. [J. B. H.]

A STUDY OF THE INCIDENCE OF THE TYPES OF PNEUMOCOCCI ISOLATED FROM ACUTE LOBAR PNEUMONIA AND OTHER INFECTIONS, AND AN ANALYSIS OF THE CASES CLASSIFIED BY TYPES IN REGARD TO MORTALITY COMPLICATIONS, ASSOCIATED DISEASES, BACTEREMIA, AND LEUCOCYTOSIS.

CLOUGH (*Bulletin of the Johns Hopkins Hospital*, Oct., 1917), discussing the types of pneumococci in relation to certain features of the disease, summarizes her work as follows:

In this study the grouping of 121 strains of pneumococci from different diseases was determined, and the percentage incidence of the different groups in the various conditions calculated. The lobar pneumonias in adults were analyzed in detail in regard to the

(Continued on page vi.)

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(Continued from page iv.)

mortality, age, presence or absence of associated diseases, complications, bacteremia, and leucocytosis. No definite conclusions can be drawn from so small a series, but certain points were brought out which would be significant if confirmed by a large series.

In isolating the pneumococci, lung puncture cultures, blood cultures, sputum cultures, and mouse inoculations with sputum were used. Sputum cultures were preferable to mouse inoculations when a specimen of sputum which could be thoroughly washed was obtainable.

The percentage incidence of the different types of pneumococci in acute lobar pneumonia in adults corresponded very closely to that reported elsewhere, except for the low percentage of Group II and the correspondingly high percentage of Atypical Group II strains.

The percentage incidence of the types in lobar pneumonias in children, excluding bronchopneumonias, was approximately the same as in adults.

In three cases, two of which were lobar pneumonias in children and one an empyema in an adult, Atypical Type II pneumococci belonging to Subgroup IIB were isolated.

Of the bronchopneumonias, only one was due to Type I, and none to Type II. Types III, IV, and Atypical II occurred in about equal percentages. In the cases of acute and chronic bronchitis, otitis media and sinusitis, but one pneumococcus belonging to Type I was isolated. This was a strain grown from the pus of an otitis media and from the mouth sputum of a patient who had probably been a carrier for nine months.

Pneumonias due to Groups I and III occurred in epidemics, whereas those due to Group IV were more uniformly distributed throughout the year.

The total mortality of the pneumonias in adults was high (50 per cent.). The mortality among the Group IV cases was very high (57.2 per cent.), due in part to the greater age of the patients and the high percentage of associated diseases, including alcoholism which occurred in this group. In all of the groups the mortality was higher in cases with associated diseases than in those without.

Complications, apart from sepsis, were more frequent in the pneumonias due to the fixed types.

Blood cultures were positive in 33.3 per cent. of all cases cultured. The percentage of positive cultures and the number of colonies per cubic centimeter of blood were higher in the cases due to Groups IV and Atypical II than in those due to the fixed types. In all the types the mortality was very high in the cases with bacteremia and low in those without bacteremia.

The white blood cell count was low in pneumonias, due to the pneumococcus mucosus, and usually fell as the disease progressed. In the cases due to Groups IV and Atypical II strains, the count was higher in those recovering than in those dying; and in the Group IV cases, higher in those without bacteremia than in those with bacteremia. In the Group I pneumonias the counts averaged about the same in the cases which recovered as in those which died.

[J. B. H.]

ADENOMYOMA OF THE RECTO-VAGINAL SEPTUM.

CULLEN (*Bulletin of the Johns Hopkins Hospital*, Nov., 1917) discusses the subject of adenomyoma of the recto-vaginal septum. The classification of this condition is as follows:

1. Small adenomyomas lying relatively free in the recto-vaginal septum (Cullen's Case 1, Stevens' Case 1, Stevens' Case 5, Nadal's Case, Cullen's Case 6).

2. Adenomyomas adherent to the posterior surface of the cervix and at the same time to the anterior surface of the rectum (Lockyer's Case 2, Cullen's

(Continued on page viii.)

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The following extract from Dr. Coutt's Report to the Local Government Board on an inquiry as to Condensed Milk (London 1911) gives the findings of experts:

> "All epidemiological evidence points to the conclusion that the infecting organisms of such diseases as scarlet fever, diphtheria and enteric fever *are destroyed in condensed milk.*"

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The absence of griping from PLUTO WATER is due to the fact that it acts as an intestinal bath rather than by irritating the mucosa as do vegetable cathartics and calomel. The advantages of this kind of elimination are apparent, especially so when the continued use of laxatives is necessary.

Samples and diet lists free to physicians.

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(*Continued from page vi.*)

Case 3, Stevens' Cases 2, 3, 4, and 6, Jessup's Cases 1 and 2).

3. Adenomyomas gluing the cervix and rectum together and spreading out to one or both broad ligaments (Cullen's Case 4, Cullen's and Richardson's Case 5, Kellogg's Case, Cullen's Cases 7, 8 and 9).

4. Adenomyomas involving the posterior surface of the cervix, the rectum and broad ligaments, and forming a dense pelvic mass that cannot be liberated (Cullen's Case 2).

In an article profusely illustrated with remarkably fine photographs and diagrams he describes the treatment of this condition:

1. Where small, discrete nodules exist in the posterior vaginal vault, these may be readily removed through a vaginal incision, as was so successfully done by Stevens.

2. Where the growth occupies the posterior surface of the cervix and extends laterally, the ureters should be dissected out carefully and a complete abdominal hysterectomy should be performed.

3. If the growth be firmly adherent to the rectum, a wedge of the rectum should be removed, together with the uterus. It has been found best, after freeing the uterus on all sides, to open up the vagina anteriorly and laterally. The uterus and the rectum can then be lifted farther out of the pelvis, thus facilitating the removal of the necessary wedge of the anterior rectal wall. The uterus can be used as a handle, and the necessary rectal tissue and the uterus removed as one piece.

4. Where the lumen of the bowel is greatly narrowed, a complete segment of the rectum should be removed together with the uterus, and an anastomosis made.

5. In desperate cases, where everything in the pelvis is glued together, as in Case 2, an ideal procedure is out of the question. The patient will not stand a long operation and, if she could, a satisfactory result could not be obtained. In such a case it would be better to cut across the sigmoid, invert the lower end, close it, and bring the upper end out through the abdominal wall of the left iliac fossa, making a permanent colostomy. When the patient has, to some extent, regained her strength, the uterus, the lower portion of the rectum and the broad ligament tissue can be shelled out as one piece.

He gives the details of nine cases. [J. B. H.]

THE CULTIVATION OF TUBERCLE BACILLI FROM THE CIRCULATING BLOOD IN MILIARY TUBERCULOSIS.

CLOUGH (*Bulletin of the Johns Hopkins Hospital*, Dec., 1917) presents the result of her work in isolating tubercle bacilli from the circulating blood in miliary tuberculosis. She concludes that the occurrence of tubercle bacilli in the circulating blood is relatively infrequent (6.7 per cent.) in all forms of tuberculosis, whereas in miliary tuberculosis, tubercle bacilli occur in the blood in a large percentage (66.6 per cent.) of cases. In a table she presents details of 1508 cases collected from the literature and presents the details of four of her own cases. She succeeded in growing tubercle bacilli for the first time from the circulating blood of five patients with miliary tuberculosis.

In spite of a large amount of work which has been done on the subject of bacillemia in tuberculosis, there seems to be very little information based on reliable methods of study and has been shown definitely that tubercle bacilli may enter the blood stream, but relatively little is known as to the conditions in which this occurs, its frequency and regularity, the number of organisms present or its diagnostic or prognostic significance. Blood cultures then are suggested as an aid in the differential diagnosis of acute miliary tuberculosis from other non-tuberculous in-

(*Continued on page x.*)

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(1753)

(Continued from page viii.)

fections. Direct cultures from spinal, pleural, peritoneal and other fluids are recommended in those cases in which tuberculosis cannot be demonstrated by smears. [J. B. H.]

HYGIENE AND PREVENTIVE MEDICINE.

The Local Treatment of Meningococcus Carriers with Antiseptics.

Fildes and Wallis (*The Lancet*, October 6, 1917) discuss the local treatment of meningococcus carriers with certain antiseptics, and look at the results as a whole.

They conclude that one-third of the men recover spontaneously, and that none of the methods of treatment tested has any conspicuous merit nor has one any obvious advantage over another. This result is what might be expected from analogy with work on diphtheria carriers. [J. B. H.]

The Relations of Tuberculosis to War Conditions.

Newsholme (*The Lancet*, Oct. 20, 1917) discusses tuberculosis and the war. He notes the increased mortality not only from tuberculosis in all its forms, but also from influenza and bronchitis during the past three years. After reviewing the methods of administrative control of tuberculosis in England at the outset of the war, he discusses the difficulties and defects of this system as shown up by war conditions. These difficulties and defects may be considered under the following headings: (1) With relation to the patient: Owing to the increased demand for labor and higher wages, poor patients with tuberculosis are not seeking medical advice as was formerly the case. (2) With relation to the private practitioner: It is evident that, with so many of those in military service, those remaining are overworked and cannot do as much good or give so much individual attention as was the case prior to the outbreak of the war. (3) The tuberculosis officer: Many full time persons of this nature have been replaced by men working only part time with, naturally, poor results. (4) Sanatoria: The results from the sanatoria are not so good as formerly, owing to the fact that not only are incipient cases less frequent but also advanced consumptives who formerly would not have been admitted to a sanatorium are now sent there because there is no other place for them to go. Sanatorium and hospital treatment are the most important parts of any war program for tuberculosis. Unless many beds in each of these institutions are available such a program is bound to fail. [J. B. H.]

The Value of Calcium Sulphide in Treatment of Poisoning by Mercuric Chloride.

Haskell and Courtney (*Jour. Lab. and Clin. Med.*, Nov., 1917) criticise the work so far done on the use of calcium sulphide in mercuric poisoning and conclude that the value of intravenous injections of solutions of this substance depends chiefly or entirely on the fluid which is introduced, and not on the sulphide, and also that results fully as good can be secured by the intravenous injection of physiologic salt solution. The intravenous injection of calcium sulphide is a procedure fraught with actual danger and it is possible that cases of mercurial poisoning may have the lethal exitus hastened rather than retarded by this administration of calcium sulphide. Hemolysis is very liable to be introduced. The authors suggest that in mercurial poison such methods as gastric lavage, colonic irrigation, hot packs, and the free use of fluids, intravenously, subcutaneously, by rectum and by mouth, should never be neglected. [E. H. R.]

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ABSTRACTORS.

GERARDO M. BALBONI, M.D. RICHARD H. MILLER, M.D.
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LAURENCE D. CHAPIN, M.D. GEORGE G. SMITH, M.D.
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JOHN B. HAWES, 2D, M.D. EDW. L. YOUNG, JR., M.D.

MEDICINE.

DIGITALIS IN PULSUS ALTERNANS.

WINDLE states (*Quart. Jour. Med.*, July, 1917) that he has used digitalis with benefit in over 100 cases of this form of arrhythmia. This is contrary to the current teaching that digitalis is contraindicated in this condition as likely to make it worse. This discrepancy Windle ascribes to the frequent confusion with the bigeminal pulse, which frequently results from large doses of digitalis. The alternating pulse is distinguished from bigeminy by the fact that the weak beat is not premature, but comes at the normal interval.

Pulsus alternans is met with chiefly in elderly persons with arteriosclerosis and hypertension. Such persons rarely live more than two years after the appearance of the alternation. Sooner or later dropsy invariably develops. In the first attack of dropsy Windle has found that digitalis in full doses not only removes the alternation, but relieves the dropsy and dyspnea. The continued use of the drug tends to postpone the final fatal outcome, and a second, or even a third attack of dropsy may be relieved. A number of illustrative tracings are appended.

[W. T.]

MILITARY SURGERY.

GUNSHOT WOUNDS OF THE CHEST.

SOLTAU AND ALEXANDER (*Quarterly Journal of Med.*, July, 1917) report some interesting observations on a large series of wounds of the chest. The most common result was hemothorax. The hemorrhage, if moderate in amount, and not infected, did not require treatment. A fairly high fever, lasting one to three weeks, often occurred without sepsis, owing to the absorption of blood. Partial clotting with the deposition of fibrin took place in the pleural cavity, but massive clots were rare. The occurrence of infection with the gas bacillus in hemothorax was indicated by the appearance of small tympanitic patches in the dull area. The physical signs of hemothorax differed in two important respects from those of ordinary pleural effusion: (1) the dome of the diaphragm was elevated, not depressed, and (2) the apex beat was displaced *toward* and not away from the injured side. This is explained on the basis of paralysis of the diaphragm and collapse of the lung on the injured side, the collapse being an important factor in checking the hemorrhage.

Pneumothorax was common, though less so than blood in the pleural cavity. In the early cases it was due to air in the pleural cavity, while in those with late onset it was usually due to the gas bacillus.

Collapse of the lung occurred with surprising frequency, being present in about one-half of the cases.

(Continued on page vi.)

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As is well known, the slightest irregularity during the process of making Salvarsan may cause the formation in it of toxic by-products. In order to protect the public and ourselves against the effects of any accidental irregularities in manufacture, we ascertain toxicologically whether or not each lot of Salvarsan prepared by us is free from toxic by-products. These tests are in addition to those prescribed by the United States Public Health Service and are made by the head of the Department of Biological Chemistry in one of our leading university medical schools, who bears the same judicial attitude to our preparations that Prof. Paul Ehrlich did to the standard German preparations, and who subjects them to biological tests that he considers more rigorous and comprehensive than those adopted for this purpose by Prof. Ehrlich himself. They are made and reported upon before the product is submitted to the United States Public Health Service for its tests, thus insuring a double and absolute check on every lot of Salvarsan turned out.

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To hospitals and dispensaries for clinical and charity use, the price will be $1.25 per ampule 0.6 gram in 50 and 100 ampule containers. The price to the United States for Army, Navy and Red Cross purposes will be $1.00 per ampule 0.6 gram.

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(Continued from page iv.)

The physical signs varied with the degree of the collapse; in massive collapse there were flatness, absence of breath sounds, and of vocal and tactile fremitus, simulating the signs of fluid; with partial collapse, dulness, tubular breathing and increased fremitus, sometimes with râles, were met with. These signs were not due to pneumonia, for the constitutional signs of this disease were lacking, the chlorides in the urine were not reduced, the arch of the diaphragm was drawn up and the apex of the heart displaced toward the injured side. The authors suggest as the cause of the collapse a reflex action from the terminals of the vagus in the lung, through the medulla and the phrenic nerve to the diaphragm with paralysis of the diaphragm. Collapse usually takes place at the base of the lung; it may disappear with great rapidity.

Contra-lateral collapse is a most interesting complication unknown before the war. The signs are those already mentioned under "partial collapse," but they occur on the *uninjured* side and in cases where injury is confined to one lung. It was noted in 17% of the cases. [W. T.]

PARAFFIN FILM TREATMENT OF WOUNDS AND FROSTBITE.

MASNATA (*Policlinico*, Surg. Sec., June 15, 1917) has made a careful study of ambrine and paraffin. He has made parallel tests and is convinced that paraffin alone without any other ingredients protects and retains its heat the same as the proprietary mixture, and that the mixture ambrine is not superior to plain paraffin. [G. M. B.]

TRENCH FOOT.

TASSONE (*Policlinico*, Surg. Sect., June 15, 1917) during 18 months' service in the army, from July, 1915, to December, 1916, has seen, among 26,000 sick and wounded, 3793 cases of trench foot. The chief etiological cause of trench foot is damp cold and prolonged standing still. Predisposing causes are varicose veins, generally weakened condition, especially intestinal disorders, sudden changes of temperature, especially noted in the soldiers who come to the Trentino from Albania, and mechanical factors such as tight shoes.

Regarding treatment of trench foot, he advises from the start prolonged soaking in warm water, with massage, keeping the patient in the cold, and the gradual moving to the ordinary temperature. Applications of gauze soaked either in salt solution or hypochloride of calcium; later light massage with plain or camphorated vaseline. Ulcerations are treated accordingly and the pain, which is sometimes intense, by narcotics.

Effectual prophylaxis of trench foot requires daily inspection of the feet, where conditions predispose to it, active and passive motion, keeping the limbs elevated, applications of moist or dry heat. In the third grade cases surgical intervention may become necessary.

Proper drainage of trench. Prevention of prolonged standing still; during the rest periods use warm footbaths and the smearing of the feet with grease; use of woolen socks, care to keep the boots in good condition and pliable by frequent greasing. [G. M. B.]

(Continued on page viii.)

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(Continued from page vi.)

ORTHOPEDIC SURGERY.

SUTURE OF TENDON AND LIGAMENT OVER A GAP.

MOSTI (*Policlinico*, Surg. Sec., Aug. 15, 1917) reviews the various methods in use for bridging a gap between tendon and ligament stumps. He gives the detailed history and operation in a case where there was an unbridgeable space between the stumps and patella ligaments. This was in a man of 40 who had received a perforating wound of the right knee from a piece of iron just below and to the inner side of the patella ligament. Intense pain was felt, the pain became worse when he attempted to stand or walk. X-ray examination showed the piece of iron, and the surgeon attempted to remove it under local anesthesia but failed. Arthrotomy was then done, believing the piece of iron was in the joint cavity, but he again failed to find it. The wound was then closed and the patella tendon sutured. The pain and swelling persisted and two months later the patient entered the hospital for the relief of pain. The knee was swollen and tender, on palpation, the pain was worse in the lower left region of patella tendon; active and passive motions were painful and limited. X-ray showed the piece of iron against the tibia at the level of the insertion of the patella tendon. It was successfully removed with relief of symptoms. Some time later the man fell, and in doing so the knee was violently flexed; he felt something give way in the knee, followed by intense pain. He rested for one month with little benefit. On entering the hospital the knee was explored and it was found that the patella tendon was completely torn from its upper insertion on the tibia and there was considerable space between the tendon stumps so that it was impossible to suture them. Mosti then mobilized the upper stump by slitting the patella lengthwise and slipping the anterior half downward until it could be sutured to the lower stump. This procedure proved entirely successful. The halves of the patella were fastened together with a screw. At the end of 20 days there was complete union. The screw was then removed, massage, active and passive motions begun. Thirty-five days after operation the patient was discharged well. [G. M. B.]

HYGIENE AND PREVENTIVE MEDICINE.

THE EFFECTS OF WAR BREAD ON HEALTH.

HUTCHISON (*The Practitioner*, Dec. 1917) discusses the effect of what is known of war bread on the health of the British nation. This bread is made from whole wheat flour along with a certain amount of flour from corn, barley, rice and oats. He discusses the characteristics of these various grains in considerable detail and comes to the only possible conclusion that he has every reason to feel satisfied that this bread is a good and wholesome article of diet containing all the ingredients supplied by pre-war bread in greater variety, and if anything in better proportions. [J. B. H.]

AN EPIDEMIOLOGICAL STUDY OF LOBAR PNEUMONIA.

SYDENSTRICKER AND SUTTON (*Johns Hopkins Bulletin*, October, 1917) summarize their work as follows: Examination of 100 specimens of sputum from healthy negroes living in the shanties of the Bethlehem Steel Works showed 22 per cent. of pneumococci

(Continued on page x.)

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(Continued from page viii.)

belonging to fixed types, in contrast to 6 per cent. of a group of our dispensary patients. The number of the ordinary saprophytic Type IV organisms was practically identical in the two groups. The increase in the fixed types was at the expense of the group that does not harbor pneumococci in their mouths. This high percentage of healthy individuals carrying pneumococci of fixed types in their mouths occurred in a community where the percentage of cases of lobar pneumonia due to organisms of fixed types was likewise very high. [J. B. H.]

PHARMACOLOGY, PATHOLOGY AND PHYSIOLOGY.

Ossification in the Kidney.

Pirondini (*Policlinico*, Surg. Sec., Aug. 15, 1917) reports in detail the following unique case which came to autopsy.

A woman of 37 had frequent attacks of pain in the region of the right kidney for four years, with occasional attacks of hematuria, and later entered the hospital for pain in the left kidney. Catheterization of both ureters showed pus from each side. X-ray confirmed the diagnosis of bilateral renal disease. The intense pain on the left side decided him to do a nephrotomy, and a large racemose calculus was removed; soon after the patient died from shock. At necropsy there was found in the right kidney a triangular piece of bone, 3 x 5 mm., imbedded in a cavity of pus. Macro- and microscopic examination showed this to be a complete bone having periosteum, well-formed osseus tissue and bone marrow, but no feature of a tumor. Pirondini has been unable to find any similar case in the literature. [G. M. B.]

NEUROLOGY AND PSYCHIATRY.

The Estimation of the Vibratory Sensation.

This interesting article by Symns (*Quarterly Jour. of Med.*, October, 1917) gives the results of extensive research into the nature of the so-called vibratory sensation. This is the sensation produced by placing a vibrating tuning-fork on one of the bony prominences of the body. Symns employs a special fork with a device by means of which it can be applied to the body when vibrating at a constant amplitude. The duration of the perception of vibration is now measured with a stop-watch. The author has determined the normal limits of variation for the perception periods at different parts of the body, and also the periods in various neurological diseases. He finds that the duration of the vibratory sensation is abnormally diminished in many cases of neuritis and of tabes which show no definite impairment of the sensations of touch, pain or temperature. Thus, in the peripheral neuritis of diabetes, there was always diminution of the vibration, sensation in the legs, seldom in the arms, while in alcoholic neuritis, both the legs and arms were affected. Lead neuritis differed from both in that while the legs were always affected, the arms showed normal vibratory sense in some of the cases. In all

(Continued on page xii.)

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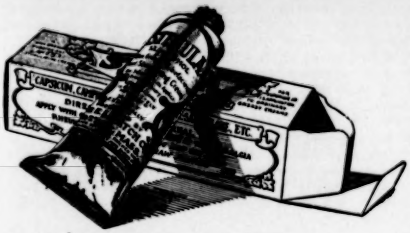

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(*Continued from page x.*)

the above conditions the impairment was bilateral, even where the paralysis was one-sided. In cases of local injury to peripheral nerves, however, the impairment was limited to the injured side.

In tabes dorsalis there was almost always marked loss of vibratory sense over the sacrum in contrast to peripheral neuritis which showed normal sensation here except in very advanced cases. There was also impairment of vibration over the legs.

With regard to the nature of the vibratory sense, Symns considers it analogous to that of deep pressure, and shows that it probably is conducted upwards in the cord in the posterior columns near the fibres for touch, crossing to the other side high up in the cervical segment.

This new method of investigating sensation would seem to the reviewer an undoubted advance, since it yields results in cases where the ordinary methods show as yet nothing abnormal. [W. T.]

OBSTETRICS AND GYNECOLOGY.

CESAREAN SECTION SCARS.

SPAULDING (*Jour. A.M.A.*, Nov., 1917), from a review of the literature and a histological examination of four human uteri, concludes that more than 10 per cent. of cesarean scars are defective. The chief cause for the defect seems to lie in imperfect healing of the endometrium. In case the incision is into the placental site, there may be imperfect healing due to degeneration of decidua serotina or the scar may be weakened by the inclusion of decidual tissue in the muscle wall. There is not much evidence to uphold the view that the syncytium attacks the well healed scar, although two such cases have been reported. The placenta is frequently found overlying the weakened scar in cases of rupture. This may produce rupture from retroplacental hemorrhage or may act, on the other hand, to support the weakened scar. Of 75 reported cases, all but one were ruptures in the upper part of the uterus. From this it seems that the extraperitoneal cesarean section carries with it a better prognosis than the classic abdominal operation. Rupture of the uterus is probably produced by the increased intra-uterine pressure forcing a water wedge into the defective scar. Although well healed scars can withstand the strain of future labors, the frequency of rupture after cesarean section is so much greater than uterine rupture from other causes that the indications for section should not include such patients as can just as well be treated by the induction of labor at term, pubiotomy, vaginal hysterotomy, or other well known obstetric operations. [E. H. R.]

PEDIATRICS.

BREAST FEEDING.

RUBEN (*Med. Rec.*, Nov. 10, 1917) gives a very thorough and comprehensive study of this whole subject. The article is not suited for review but is well worth reading by the general practitioner as well as the pediatrician. [E. H. R.]

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MEDICINE.

ENTAMOEBA HISTOLYTICA INFECTIONS.

MACADAM (*The Lancet*, Jan. 5, 1918) discusses the prevalence of entamoeba histolytica infections among British troops in India and Mesopotamia, and summarizes his investigations as follows:

1. The general protozoal findings in the stools of men invalided from active service in Mesopotamia, apart from cases of acute and convalescent dysentery, are more numerous than the records of Wenyon and of Dobell show to exist among the troops from the Eastern Mediterranean war area who have been invalided to England.

2. The incidence of histolytica among the Mesopotamian troops is especially high; 13.6% of 351 "non-dysentery" patients in a general hospital, and 17.8% of 595 men stationed in a convalescent depot were found on a single stool examination to be harboring the cysts of entamoeba histolytica. On applying Dobell's appropriate "figure for correction" to those results obtained on the "single examination" method, we find that at least 33% of the troops who have been in Mesopotamia are "healthy" or "unhealthy" hystolytica carriers.

3. The figures for both hospital patients and men of the convalescent depot lead to the conclusion that the number of carriers is greater among those who have shown symptoms of intestinal disturbance than among those who have been unaware of their protozoal infection.

4. Of 90 histolytica carriers giving a past history of dysentery or diarrhea, one-third had suffered from simple diarrhea only, another third had had recurrent diarrheic attacks in addition to acute dysentery, while 47% had had intestinal symptoms of so trivial a nature that they had not been admitted to hospital for treatment.

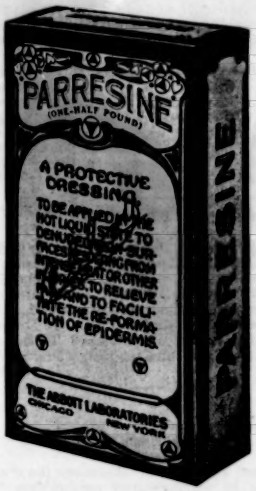
5. The segregation of any but the "gross" human carrier is an impossible and futile task; while, in view of the fact that light and intermittent infections appear to be present in at least one-third of the troops, it is a moot point whether the isolation of a few gross carriers is going to be of much avail from the point of view of prophylaxis.

6. A comparison of the small number of emetine-treated cases among the histolytica carriers who gave a history of dysentery but had not recently suffered from the disease, with the number of recent dysentery convalescents, practically all of whom had received courses of emetine treatment, goes to show that this drug, although alleviating the dysenteric symptoms, tends only in a small degree to lessen histolytica cystic infections.

7. This wide prevalence of infection due to entamoeba hystolytica, coupled with the fact of the proved ineffectiveness of our present therapeutic methods for the destruction of cysts, throws considerable doubt on the utility of attempting to "clear," by a series of protozoölogical examinations of the stools, only those cases of amebic infection which have suffered from so marked an intestinal disturbance as to have resulted in their receiving hospital treatment.

8. Various data have been cited showing that factors leading to the production of intestinal irrita-

(Continued on page vi.)



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(Continued from page iv.)

tion, mild though it be, are also associated with the reappearance of histolytica cysts in the stools. Such factors are present under the conditions that prevail in the convalescent depot, and doubtless exist to a much greater extent during active service in the field, in sharp contrast to the conditions of a hospital régime.

These observations point to a possible fallacy which will have to be considered in any investigation into the duration of the infectivity of histolytica carriers, as well as on the therapeutic efficacy of any drug for the "curing" of those cystic carriers, if the protozoölogical examinations be confined solely to the period during which the patients are living under hospital conditions. [J. B. H.]

TREATMENT OF THROMBOSIS.

MARRIS (*British Medical Journal*, Dec. 22, 1917) believes that venous thrombosis such as frequently occurs in the typhoid group of fevers can be speedily absorbed by the intravenous injection of sodium citrate. He describes the method of administering this and presents his results in tabular form. He believes that infinitely better results are obtained by the administration of the citrate intravenously than by the mouth. [J. B. H.]

SURGERY.

THE TREATMENT OF FRACTURES IN WARFARE.

LANE (*The Lancet*, Jan. 5, 1918) discusses the treatment of fractures in warfare and summarizes his views as follows:

1. That only in very exceptional circumstances is it advisable to fix fragments of broken bones together by means of plates and screws while the wound is very foul. Should the surgeon have to resort to their use he must be most careful to see that perfect drainage is established in order to avoid progressive necrosis of the fragments to which the screws are attached.
2. That if, for certain reasons, such a procedure is deemed necessary, screws should not be inserted near the broken extremities but as far from the seat of fracture as possible.
3. That it is advisable to postpone operative interference till the wounds have healed for some considerable time and until the tissues are, in all probability, free from organisms. Preparatory to operation every means should be taken to determine the presence or absence of organisms in the scar tissue.
4. That if any apparently septic focus is observed during an operation, a culture and a vaccine should be obtained from it and employed at once should symptoms of infection of the wound develop.
5. That, should there be any definite suspicion of the presence of latent sepsis, irrigation by Carrel's method, which is the best I have seen, must be adopted at once. If not, the wound should be closed completely at the time of operation.
6. That every attempt should be made to avoid any shortening of the limb or to reduce it to a minimum. On no consideration whatever should any bone be removed. Accurate apposition can always be obtained if the surgeon knows how to bring it about. This is effected by manipulation with suitable instruments. To attempt to overcome overlapping of fragments in an old malunited fracture by traction on the limb in its length is perfectly futile.
7. That the apposition of the whole areas of the broken ends is not necessary, since the interval will fill up subsequently if suitable means be adopted. Fragments of bone or callus should be saved and employed to fill any interval between the pieces of the shaft.
8. That much heavier steel plates are required in the class of malunited fractures produced by pro-

(Continued on page viii.)

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(Continued from page vi.)

jectiles than are usually employed in the less comminuted fractures of civil life.

It is most important that the joints which are in relation with the fractured bone shall be moved as soon as possible after the operation in order to avoid that stiffness and limitation of movement which so often complicate these fractures. This is especially the case in the joints of the knee, ankle and foot. In order to obviate this trouble, without risking the security of the junction, the plates which are employed to retain the fragments in position must be as long and as strong as circumstances will permit. They should be secured by as many screws as possible. The plates that are often employed are quite inadequate for the purpose.

9. That, providing no strain shall be exerted on the junction likely to develop non-union, the sooner the patient who has been operated on for fracture of one or more long bones of the leg is got up and about, the more bone will be deposited and the more rapid will be the repair at the seat of fracture. For this purpose a good ambulatory splint is a necessity.

10. That, should the interval between the fragments be so considerable that union is not likely to take place, even after prolonged congestion, brought about by the use of an ambulatory splint, the fragments should be secured in perfect alignment by a plate fixed vertically behind the centre of the shaft. When this has been done a portion of one of the fragments, which is usually equal in bulk to a third of the total sectional area of the shaft, can be sawed and chiselled off and secured over the interval between the fragments, any piece of bone removed to accommodate the graft in the other fragment being fitted to occupy such existing interval as may be left between the bones.

11. That most of the failures of bone grafting for extensive loss of substance are due to the surgeon depending on the unsatisfactory grip which the graft alone can be made to exert upon the fragments of the shaft. The essence of success depends on the absolute immobilization of the fragments of the shaft on one another, and of the graft upon those fragments. It is obviously ridiculous to attempt to retain the fragments of bone in a useful position by bone grafts alone in these malunited fractures produced by projectiles, as it is in any fracture in which the material securing the fragments in position has to bear considerable strain.

12. That a great deal has been talked about the screws and plates acting as foreign bodies if used in simple fractures and producing a rarefying ostitis around them. Should such rarefying ostitis exist it is undeniable evidence that the technic of the operator is faulty and not the procedure. The remedy is in the hands of the surgeon, who must improve his methods. Frequent failures in unskilled hands have led many to attribute their want of success to the employment of steel plates and screws, and to attempt to avoid sepsis by using other and much less effective means.

13. That while the operative treatment of compound fractures produced by projectiles is the most important of all surgical procedures in warfare, it is well to remember that it demands a degree of asepsis, mechanical skill, resource and judgment in excess of that required for other operations for war conditions.

14. That besides that of sepsis, usually introduced from without, though occasionally developed from a latent infection, hemorrhage is the chief risk which is associated with these operations. This can be best avoided by the use of very powerful hemostatic forceps, which are left in position in the wound for as long as possible during the course of the operation. A ligature is rarely required.

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[J. R. H.]

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MEDICINE.

THE FRACTIONAL TEST MEAL.

(A Study of 377 Fractional Test Meals, of Which 139 are in Proved Pathologic Conditions.)

HORNER (*Jour. Amer. Med. Asso.*, Dec. 8, 1917) states that the fractional test meal satisfies the clinician as to the amount and character of the fasting content, the gastric response, the acidity, the amount and character of secretion, the degree of gastric digestion, the presence of blood, and the amount of bile, and the pain at any specific point in the gastric cycle, which is of considerable diagnostic value.

Certain fairly constant characteristics of the curve are noted in various diseases. In gall-bladder disease the secretory response is prompt with high acidity, and the emptying time occurs at or near the high point. In duodenal ulcer there is a prompt gastric response, high acidity and delayed emptying time. In gastric ulcer, not affecting the pylorus, there is a weak and delayed response, moderate acidity and early emptying time. Gastric carcinoma presents two types of curve, the first showing the presence of acid and a delayed emptying time, and the second showing the absence of acid and an early emptying time. Pernicious anemia shows an anacid curve and an early emptying time, while severe secondary anemia shows a definite secretory response and a delayed emptying time. Chronic focal infections may show anacid curves suggesting the gastro-intestinal tract as a possible atrium of infection. [E. H. R.]

THE TREATMENT OF SOME CASES OF SO-CALLED "PERNICIOUS" ANEMIA.

(A Regimen That Has Been Found Helpful.)

BARKER AND SPRUNT (*Jour. Amer. Med. Asso.*, Dec. 8, 1917), in an exceptionally clear, concise, and well-presented article, describe the regimen in the type of anemias of the so-called pernicious group in which no definite etiology is discernible. The course is, in brief, as follows: Private room in hospital, complete rest, even excluding visits or letters from friends or relatives, special nurse, search for focal infections, in teeth, sinuses, throat, gastro-intestinal tract, genito-urinary tract, surgical treatment if necessary, careful dietetic treatment, fresh air, massage, graduated exercise, or possibly transfusion and splenectomy. The authors find that focal infections in the mouth are the most common etiologic factors so far demonstrated in this type of disease. [E. H. R.]

SURGERY.

POINTS ON NITROUS OXIDE.

MCGAHEY (*Medical Record*, Nov. 3, 1917) mentions the following important points in regard to the administration of this anesthetic. A patient should never be allowed to become cyanotic, even to the

(Continued on page vi.)

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(Continued from page iv.)

slightest degree, for if this takes place over any length of time, acidosis is produced and subsequent vomiting. For the very old, nitrous oxide is particularly valuable as it reduces materially the danger of post-operative pneumonia. Necessity of catheterization is rare when nitrous oxide is used. Patients with high blood pressure can take nitrous oxide safely, and the danger attendant upon the struggling and excitement of ether is avoided. The patient starts his recovery immediately after the anesthetic is removed and without the encumbrance of impaired kidney, heart or lung function. [E. H. R.]

OPERATIVE TREATMENT OF TUBERCULOSIS OF THE KNEE JOINT IN ADULTS.

OSGOOD AND BULL (*Jour. Amer. Med. Asso.*, Oct. 6, 1917) summarize their conclusion by stating that tuberculosis of the knee in adults is not fully cured without operative treatment. Primary synovial tuberculosis of the knee in adults exists and is frequently improved or cured by inflation of the joint with iodoform oil. They have seen no permanent satisfactory function restored in cases with bone involvement. Excision of the knee is the method of choice in cases with bone involvement. The position of choice is from 15 to 20 degrees flexion for ambulatory vocations, and from 35 to 40 degrees flexion for sedentary occupations. Bone plates, where the bone is firm, and the kangaroo tendon "bundle tie" for conditions in which there is much atrophy, are valuable means of internal fixation. [E. H. R.]

THE ACUTE ABDOMEN.

DEAVER, (*Med. Rec.*, Jan. 12, 1918) in a very excellently presented and concise article,—a review,—but one full of condensed information, covers this subject very thoroughly in a short paper. The article is not subject to abstracting, but is well worth reading as a means of refreshing one's mind on this subject, and of having certain important points emphasized. [E. H. R.]

THE USE OF THE TURBINALS AND THE SEPTUM IN THE REPAIR OF INJURIES AND DEFECTS OF THE WALL OF THE NASAL CAVITY.

HETT (*The Lancet*, Dec. 15, 1917), in an article with many illustrations describes his methods of using the turbinate bones in the repair of nasal injuries, and comes to the following conclusions:

1. The turbinals and the septum are capable of being advanced into new positions to form fresh attachments and continue to live.
2. The advancement of the turbinals is a useful procedure in the cases of loss of the whole or part of the nose.
3. The upper septal swing is useful as an aid for supporting the new bridge of the nose.
4. The lower septal swing is often required in the pug-nose type. In these cases the septum may be sometimes swung forwards and downwards, with the tip of the nose and alae attached, and helps to retain the latter in their new position. The lateral septal swing may be used to form a support for the side of the nose.
5. The septal cartilage after removal by submucous resection, may be used as a free autogenous graft for increasing the prominence of the sunken bridge or for a nasal support. Heterogeneous septal cartilage graft may be used in the same way as an autogenous cartilage graft to restore the contour of a sunken nose, to elevate a tip, or raise a bridge by using it to form a new septum nasi. [J. B. H.]

(Continued on page viii.)

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(Continued from page vi.)

SOME SURGICAL DEVELOPMENTS IN WOUND TREATMENT DURING THE WAR.

MAYO-ROBSON (*British Medical Journal*, Jan. 5, 1918) discusses certain changes of development in the treatment of wounds, brought about by the needs of the present war. Among these he discusses:

1. Asepsis.
2. The treatment of septic wounds on general principles: free incision, removal of foreign bodies, thorough irrigation with or without antiseptics, and free drainage.
3. Antisepsis and its modifications, such as the use of alcohol alone, no water or watery solution coming near the wound, the use of more or less poisonous antiseptics, the Carrel-Dakin treatment—the continuous use of a solution of sodium hypochlorite, the antiseptic pastes.
4. Physiological treatment of wounds, using hypertonic salt solution or the salt pack.
5. Surgical treatment—complete excision of the wound, including all contaminated parts and foreign bodies.
6. Bacteriological treatment,—that is, the introduction of a beneficent organism to kill the malignant germs.

He discusses these various methods of treatment in considerable detail. [J. B. H.]

A STUDY OF FIFTY CASES TREATED BY FLAVINE.

BASHFORD, HARTLEY, AND MORRISON (*British Medical Journal*, Dec. 29, 1917) report on 50 cases treated by flavine, showing the advantage, and particularly the disadvantage, of this much discussed preparation. The flavine treatment of wounds, in their opinion, is associated with:

1. Small formation of pus.
2. Slow epithelial ingrowth.
3. Delay in all the processes of repair.
4. Lingering of organisms on the wound surface.
5. Some diminution in the local and general reaction to infection. [J. B. H.]

ANALYSIS OF 102 CONSECUTIVE CASES OF TETANUS.

COOPER (*The Lancet*, December 22, 1917) analyzes 102 consecutive cases of tetanus treated during the past two years. Of these cases 27 died within a few hours after admission. Of the remaining 75 cases, 42 recovered and 31 died. He gives 30 to 40 cc. 5% chloral hydrate intravenously until a sound sleep is produced. Antitetanic serum, 3000 units or more intravenously daily until the spasms have stopped. Chloral hydrate intravenously and chloretone per rectum are given daily until contraindicated. When they produce detrimental effects on the heart, or the heart sounds become feeble or the patient becomes very low, they are completely omitted, and the mixture is changed to one of ammonium bromide, caffein, citrates, etc. [J. B. H.]

FIFTH ANALYSIS OF CASES OF TETANUS TREATED IN HOME MILITARY HOSPITALS.

BRUCE (*The Lancet*, December, 1917) discusses the progress which has been made in handling the tetanus problem in wounded soldiers. The results are presented in tabular form, which he summarizes as follows:

In the 100 cases of tetanus under review the mortality was only 19%.

The incubation period tends to become longer, due to the prophylactic injection. Hence there are only 10 cases reported with an incubation of 10 days or under.

(Continued on page x.)

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JOHN B. HAWES, 2D, M.D. — EDW. L. YOUNG, JR., M.D.

MEDICINE.

RELATION OF VITAL CAPACITY OF LUNGS TO CLINICAL CONDITION OF PATIENTS WITH HEART DISEASE.

MCCLURE AND PEABODY (*Jour. Amer. Med. Assn.*, Dec. 8, 1917) call attention to the importance of a decrease in the vital capacity of the lungs as a factor in the production of dyspnea in heart disease. The degree to which the vital capacity is decreased below certain normal standards corresponds closely to the tendency to dyspnea. Since the tendency to dyspnea depends largely on the functional capacity of the heart, the determination of the vital capacity of the lungs may serve as an indirect measure of the cardiac condition. In a series of twenty-four cases it has been found that the clinical condition of cardiac patients varies closely with the changes in the vital capacity of the lungs. An improvement in the functional state of the heart is associated with a rise in the vital capacity. When the condition of the heart is apparently remaining stationary, changes in the vital capacity are not marked, and when there is evidence of increasing cardiac insufficiency, the vital capacity of the lungs falls. Charts showing the variations in the vital capacity of the lungs of patients with heart disease are frequently satisfactory objective records of the clinical course of the disease, and they may be of distinct aid in prognosis. [E. H. R.]

THE ADMINISTRATION OF EPINEPHRIN BY INTRASPINAL INJECTIONS.

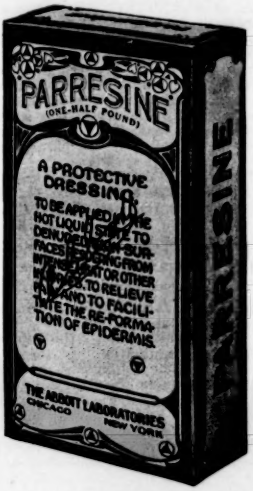
AUER AND MELTZER (*Jour. Amer. Med. Assn.*, Jan. 12, 1918) refer to their previous work along this line on monkeys, and suggest that under the present war conditions epinephrin be administered intraspinally in cases of low blood pressure. The initial dose should not be less than 3 cc. for a 1:1000 solution. A rise of blood pressure should result from this procedure. The authors advise, in addition, that 30 or 40 minutes after intraspinal injection, a subcutaneous injection of the same solution be added. It is true that this procedure will not save life in every dangerous case, but physicians should at least employ a remedy which will improve the chances of recovery by 20 to 40%. They suggest that this procedure is of distinct value. [E. H. R.]

A STUDY OF 62 CASES OF DIABETES OF 15 OR MORE YEARS' DURATION.

HORNOR AND JOSLIN (*Amer. Jour. Med. Sci.*, January, 1918).

1. In a series of 1187 cases of diabetes, of whom 1156 are traced, 640 are living and 516 are dead; among these were 62 who lived fifteen or more years, or 5%, and of these 37 are living and 25 are dead.
2. Obesity is universal in the long-lived diabetic. It was demonstrated in 60 cases out of 62.
3. A diabetic heredity is one and one-half times as frequent among the cases of fifteen or more years' duration as among all the diabetic patients.
4. The average loss of weight when the patient first came to us for treatment was 41 pounds.

(Continued on page vi.)



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Compound Glycerine Emulsion, q. s.
Hypophosphite Lime, Soda, } 1½grs. each to the oz.
Chemically Pure
Fl. Ext. Nux Vomica, 3-64 of a minim in each teaspoonful.

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(Continued from page iv.)

5. Gallstones were recognized in 8 cases, being six times as frequent among these cases as in the entire series of 1187 cases.

6. The presence of acidosis was demonstrated 21 times and 11, or 44%, of the fatal cases succumbed to it. By the avoidance of acidosis, the lives of these patients might have been prolonged.

7. Arteriosclerosis occurred in 36 cases, and was a prominent factor in causing the death of 10 patients.

8. Diabetes is now a minor issue in 50% of the living patients, and at the time of death was a minor issue in 28% of those who had died. An extremely rigid diet is necessary for only 4 of the patients now living.

9. Of the fatal cases, 20% outlived the normal expectation of life for their age at the onset of their diabetes, and this is already true for 10% of the living cases. [E. H. R.]

TUBERCULOSIS IN THE FRENCH ARMY DURING THE WAR.

DERCLE (*Medical Record*, Jan. 5, 1917) states, after a general review of conditions, that out of 86,000 soldiers discharged during past year of the war, less than 50%, and, on closer examination, less than 20%, were really tuberculous. The statements that there was much more tuberculosis in France than in any other country of the world is, therefore, not a correct one, and our ideas of tuberculosis in this war must be greatly modified. Heroic efforts are constantly being made to eliminate the disease from the army and for the protection of the non-infected. [E. H. R.]

A CRITICAL ANALYSIS OF THE TREATMENT OF TUBERCULOSIS WITH COPPER AND POTASSIUM CYANIDE.

EVANS, (*Med. Rec.*, Oct. 6, 1917) states that copper and potassium cyanide, in amounts from 8 to 12 mg., in cases of uncomplicated pulmonary tuberculosis, is not followed by injurious results. Large doses, or even smaller ones in complicated cases or those presenting extensive active lesions with fever, may produce serious focal reactions, causing permanent harm. Severe hemorrhages are not likely to occur. The administration is not followed by severe general reactions. The preparation is not very irritating to the perivascular tissues if small amounts are accidentally injected into them. The value of the preparation in the treatment of pulmonary tuberculosis has not been conclusively demonstrated. Its further trial is justifiable. [E. H. R.]

INFECTIOUS MENINGITIS.

GRAVES (*Jour. Lab. and Clin. Med.*, Oct., 1917) studying 27 cases in 586 autopsies, finds that correct ante-mortem diagnoses were established in 100% of cases in which proper lumbar puncture and spinal fluid examinations were made, and in only 70% when these examinations were not made. In drawing spinal fluid only the second portion collected in a separate, clean, dry, sterilized tube, free from contaminating blood, should be used. Any blood in the specimen renders the evidence unreliable. A grave responsibility rests on the doctor to do spinal puncture in all suspected cases and, therefore, give the patient the advantage of early diagnosis and the use of Flexner's anti-meningococcus serum. [E. H. R.]

SHOULD CERTAIN TUBERCULOUS PATIENTS WORK?

FISHBERG (*Med. Rec.*, Nov. 24, 1917) points out the fact that the treatment of phthisis, previous to thirty years ago, was not by the rest cure, but by walking

(Continued on page viii.)

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(Continued from page vi.)

exercises, climbing and out-of-door work. Only for the past thirty years has the strict rest cure been employed. There is gradually developing a reaction against the indiscriminate use of this form of treatment. It is often much overdone. Cases for exercise or work, and cases for absolute rest should be more carefully selected. Prolonged rest may be very deleterious in its effects, especially on the muscular and nervous systems. There is greater necessity for individualization in phthisiotherapy. The author then goes to some length with the discussion of which tuberculous patients should work and which should rest, and names the various occupations a patient may safely indulge in. The tuberculous patient, he believes, should not be an economic loss to either the state or himself. [E. H. R.]

THE SENSITIZATION OF HAY FEVER AND ASTHMATIC PATIENTS TO THE PROTEINS FOUND IN THE DIFFERENT PARTS OF PLANTS AND TO THE INDIVIDUAL PROTEINS OF THE CEREALS,—AND A COMPARISON BETWEEN THE CUTANEOUS AND THE INTRADERMAL TESTS IN THE SENSITIZATION OF ASTHMATIC HAY FEVER PATIENTS.

WALKER and ADKINSON (*Jour. Med. Research*, Nov., 1917) make the following conclusions from their extended work along these lines. They find that patients who are extremely sensitive to the pollen of ragweed are only slightly sensitive at the most, and are usually not at all sensitive to the proteins found in other parts of the ragweed plant. Therefore, parts of this plant, other than the pollen, do not cause hay fever and asthma, and the pollen is the only part of the plant that is useful in desensitization. Patients vary in their sensitization to the individual proteins of each of the cereals, and to similar proteins in different cereals. The skin test should, therefore, be a means of separating very closely-related proteins, even when other means, such as chemical and physical properties, fail to do so. The skin test is specific: it is a safe index to proper treatment. The intradermal test is much less specific: it does not always separate closely-related proteins; it is much too sensitive, and therefore is not an index to proper treatment; it is more difficult to do and may cause the patient considerable discomfort and should be discarded in favor of the skin test. [E. H. R.]

ELECTROCARDIOGRAPHIC OBSERVATIONS IN TOXIC GOITRE.

KRUMBHAAR (*Amer. Jour. Med. Sci.*, Feb., 1918) finds from an extensive study of 51 cases seeking surgical relief, that in early cases of toxic goitre the characteristic tachycardia is not accompanied by any signs of myocardial change that are demonstrable with the string galvanometer.

2. With persisting overaction of the heart, hypertrophy of either ventricle may become manifest.

3. Progressive hypertrophy and overaction results in myocardial degeneration that may be manifested by any type of cardiac irregularity; sinus arrhythmia, premature contractions, auricular flutter, auricular fibrillation, heart-block, etc.

4. If the existing intoxication is the chief factor in the production of the arrhythmia this may disappear with removal of the intoxication.

5. Successful treatment, whether medical or surgical, improves the cardiac condition by this means. This is shown not only by the occasional disappearance of an arrhythmia but also by diminution in the size of the *T* wave and in the pulse-pressure as well as by the general clinical condition. [E. H. R.]

(Continued on page x.)

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Hypophosphite Lime, } 1½grs.
" Soda, } each to
Chemically Pure } the oz.
Fl. Ext. Nux Vomica, 3-64 of a minim in each teaspoonful.

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MEDICINE.

MEDICAL EDUCATION, MEDICAL INTERNES AND THE WAR.

ARNOLD (*Jour. Amer. Med. Assn.*, Feb. 16, 1918) gives a concise but thorough review of the medical-war situation, in regard to education. He takes up the question of the enlistment of medical students, teaching continuously throughout the year, reorganization of the curriculum, quality of interne service, medical teachers, and premedical students. [E. H. R.]

SURGERY.

FAT EMBOLISM FOLLOWING TRAUMA TO BONES.

CALDWELL AND HUBER (*Surg., Gyn., and Obs.*, Dec., 1917) review briefly the literature on the subject and also the experimental data, and then give the results of their own animal experiments and the conclusions drawn. They found that crushing the tibias of mature rabbits produces a moderate and fairly constant amount of fat embolism, as determined by counting the fat droplets in a large number of representative microscopic fields, in stained sections of lung tissue. Esmarch constrictors, placed on the legs previous to crushing and removed after two hours, lessen distinctly the amount of fat entering the lungs during the remainder of the experimental period. The amount of fat embolism which develops after the removal of the constrictors is dependent largely upon the activity of the animals. The removal, by means of a motor saw, of splints from the tibias of normal dogs and rabbits produces an appreciable but a very small amount of pulmonary fat embolism. The use of the chisel for removal of the tibial splints from dogs increases very slightly, if at all, the amount of fat entering the circulation. The spinal part of the Albee bone transplantation operation produces more fat embolism than does the tibial part. [E. H. R.]

ROENTGENOLOGICAL STUDIES IN THE HEALING OF GASTRIC AND DUODENAL ULCERS.

HAMBERGER (*Amer. Jour. Med. Sci.*, February, 1918) describes his method of studying the healing of gastric (7 cases) and duodenal ulcer (4 cases) as follows: Before treatment the patient is subjected to a thorough preliminary roentgenological study, including the registering of from six to twelve plates taken at intervals after the barium meal. From three to six weeks after the institution of medical treatment a second series of plates is taken, and at least every three months for a period of one year, unless relieved entirely before this time. The method gives valuable data as to diagnosis, prognosis, control of medical treatment and selection of cases for surgical treatment. Thus far it has not proved of value in differentiating between cancer and ulcer. [E. H. R.]

(Continued on page vi.)

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To hospitals and dispensaries for clinical and charity use, the price will be $1.25 per ampule 0.6 gram in 50 and 100 ampule containers. The price to the United States for Army, Navy and Red Cross purposes will be $1.00 per ampule 0.6 gram.

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(Continued from page iv.)

POSTOPERATIVE PULMONARY COMPLICATIONS.

CUTLER AND MORTON (*Surg., Gyne., and Obs.*, Dec., 1918), in a very thorough and comprehensive article, state that the subject is so hard and diversified as to be impossible of discussion within moderate bounds. One is struck by the large percentage of lung complications in some clinics and the relative freedom in others. These results are found to be largely due to preoperatve care and preparation of the patient, together with more expert anesthesia. It is probable that ether pneumonia as a definite entity does not exist as such, but is practically always dependent on other preceding factors, such as exposure during operation, preëxisting lung pathology or small emboli. This does not mean that the anesthetic does not play a more or less definite rôle in the production of these postoperative conditions. Probably neither the anesthetic nor any one factor is responsible, but many varying factors, such as poor general condition, oral sepsis, preëxisting lung pathology, anesthesia badly given, presence of septic foci, too radical operations, exposure to cooling fluids, etc., should be considered as the probable factors in the production of postoperative pulmonary complications. Careful oral preparation, careful ruling out of lung disease, careful anesthesia, avoidance of exposure, trauma and sepsis are the definite means of prevention recommended. [E. H. R.]

THE VALUE OF EYE-GROUND OBSERVATIONS IN RECENT CASES OF FRACTURE OF THE SKULL.

KEARNEY (*Jour. Amer. Med. Assn.*, Oct. 27, 1917), in a concise statement of his observations, shows that in cases of fracture of the skull in which there is increased intracranial pressure there is very soon a slight, well-marked edema blurring the usual band marks of the fundus. This may be the earliest indication of use in intracranial pressure, and in nearly every instance will be found to be accompanied by an increase in the pressure of the cerebrospinal fluid as determined by lumbar puncture. On these findings a definite outline of treatment can be determined, as follows: All patients with fracture of the skull are put to bed, kept absolutely quiet, free catharsis is maintained, a liquid diet is given, and the ice helmet applied to the head. If no signs of pressure develop, the above treatment is all that is given. If, however, the cerebrospinal fluid is found by the ophthalmoscope and by lumbar puncture to be double or more than double the normal, decompression is resorted to before possible collapse of the medulla can occur. [E. H. R.]

ACUTE APPENDICITIS: AN ANALYSIS OF 500 CASES.

BEEKMAN, SMITH AND EVERINGHAM (*Amer. Jour. Med Sci.*, Oct., 1917), from their analysis, find a mortality in their series of 6.8%, and believe that this mortality figure may be greatly improved by making an early diagnosis followed by immediate operation. The mortality of those operated upon during the first day is less than 1%, whereas by the third day it is over 10%. Mortality is higher in the young than in the old. Death can be ascribed to intra-abdominal suppuration in 82% of the 34 fatal cases; in 21, or 62%, it was due to a diffuse general peritonitis. A temperature of over 104° is usually indicative of diffuse peritonitis. Abscess was found in 21%, while diffuse peritonitis was found in but 9%; however, the mortality in the former was but 5.6% compared with 47% in the latter. In 12 cases with diffuse peritonitis, where operation was done within 48 hours there was no mortality. The authors emphasize the fact that operation should be performed as soon as the diagnosis is made, for the shorter the period between the onset of the disease and the surgical interference, the better the prognosis. [E. H. R.]

(Continued on page viii.)

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(Continued from page vi.)

INTESTINAL OBSTRUCTION.

DRAPER (*Jour. Amer. Med. Assn.*, Nov. 24, 1917), in a continuance of his well-known work on intestinal obstruction, complete and incomplete, finds, from further studies on the chemistry of the blood, carried out by Prof. Gettler of New York University, that in duodenal obstruction death is not due to any form of bacterial action or to toxins derived from the food, but to a disturbance of the hormone- or enzyme-producing activities of the intestinal epithelium and the consequent production of toxic bodies that cannot be isolated by ordinary chemical analysis. In other words, death is caused by conditions analogous to those induced by removal of the parathyroids or other endocrinal glands. That bacterial toxins seem to complicate the syndrome of autotoxemia is not to be questioned, particularly in view of the work of Satterlee, who has achieved such marked results in otherwise hopeless cases through the injection of autogenous colonic vaccines. [E. H. R.]

THE UTILIZATION OF THE IMMUNE RESPONSE IN RENAL TUBERCULOSIS.

BONIME (*Amer. Jour. Med. Sci.*, Oct., 1917) summarizes his beliefs in regard to the treatment of renal tuberculosis by stating that the prognosis in renal tuberculosis up to the present has been unfavorable under the present-day methods of treatment.

Nephrectomy as an operation for the relief of the patient suffering from tuberculosis in the kidney is a failure, for it fails to remove the focus of infection outside of the kidney, leaving the patient liable to extension of the infection to the remaining kidney from the same focus. The tuberculin treatment of renal tuberculosis has not been as satisfactory as the tuberculin treatment of other forms of tuberculosis, because of the inability to make an early diagnosis; (2) because of the production of early damage before the tuberculin treatment was instituted; (3) as a result of the failure to recognize the important rôle that mixed infection plays in the production of symptoms and pathological processes. However, enough has been shown with tuberculin treatment of renal tuberculosis, in fact, to make it almost certain that were it instituted before permanent damage has resulted—in other words, early in the disease—the prognosis of renal tuberculosis would have a far more favorable aspect. Early diagnosis in renal tuberculosis can be accomplished through the tuberculin test alone. Its more frequent use in early symptoms referable to an indefinite lesion anywhere in the urinary tract is absolutely essential to the more hopeful treatment of renal tuberculosis. [E. H. R.]

A REPORT OF BACTERIAL VACCINE THERAPY IN A SERIES OF PROSTATIC CASES.

H. C. BUMPUS (*Jour. Amer. Med. Asso.*, Jan. 26, 1918) concludes from his clinical work that:

1. Immunity to pyelonephritis by means of mixed colon bacillus vaccine cannot be produced.
2. The administration of mixed colon vaccine does not markedly reduce the incidence of genito-urinary infection, if it affects it at all.
3. Preoperative attacks of pyelonephritis are the natural means of producing an immunity to renal infection, and their occurrence makes operative risks less.
4. The length of convalescence is usually in inverse proportion to the length of preoperative treatment. [E. H. R.]

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MEDICINE.

THE FRAMINGHAM HEALTH AND TUBERCULOSIS DEMONSTRATION.

ARMSTRONG, D. B. (*Jour. A. M. A.*, Sept. 29, 1917) gives an excellent descriptive outline of the organization's aims and methods used in this new and progressive method of dealing with community health. The scheme appeals to one's sense of adequateness and is a distinct advance in the right direction for the conservation of the community health. The article is written with careful consideration, having in view its application to other economic conditions affected by public health. [E. H. R.]

SPECIFIC SERUM THERAPY OF EPIDEMIC POLIOMYELITIS.

RAZUM, J. W., and WILLY, R. G. (*Jour. A. M. A.*, Oct. 13, 1917) report on 159 cases treated with antipoliomyelitic horse serum and find that of 159 patients in all stages of the disease receiving serum, 19, or 11.9%, died, while among 100 cases occurring during the same period of time, in which no serum was given, 38, or 38%, died. The series of treated cases seems to demonstrate the harmlessness of serum treatment when properly given. The serum appears to have the power of definitely preventing the onset of paralysis, when administered early. The action of the serum is more definite in arresting the extension of paralysis and diminishing its severity than in effecting its disappearance. The earlier the serum is administered the more striking are its results. Serum should be injected intraspinally in small doses and at the same time intravenously in larger amounts. The injection is followed by an actual fall in temperature and other definite evidences of general improvement. [E. H. R.]

SYMPTOMATOLOGY OF THE NERVOUS SYSTEM IN CHRONIC INTESTINAL TOXEMIA.

SATTERLEE, G. R., and ELDRIDGE, W. W. (*Jour. A. M. A.*, Oct. 27, 1917), in a very suggestive article, state that the nervous system is almost invariably affected, in whole or in part, by chronic intestinal toxemia. The nervous symptoms of this condition are often the most prominent in the whole symptomatology. A thorough investigation of the gastro-intestinal tract is essential in cases exhibiting a chronic symptomatology of the nervous system, provided the usual obvious factors of etiology of disturbances of the nervous system can be excluded. Disturbances of the gastro-intestinal tract are more often the cause of a nervous symptomatology than the result of a diseased nervous system. In doubtful cases a proper hygiene and therapy of the intestinal tract may often be the deciding factor in differential diagnosis. [E. H. R.]

A STATISTICAL STUDY OF LEPROSY IN THE PHILIPPINE ISLANDS.

DENNEY, O. E. (*Jour. A. M. A.*, Dec. 29, 1917), in a study taken from the histories of 10,000 cases isolated in the Culión Leper Colony, draws the following interesting conclusions: One half the cases of

(Continued on page vi.)

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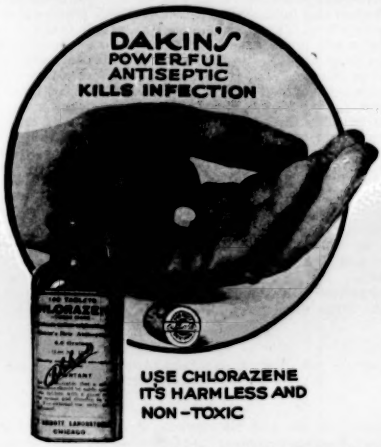

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(Continued from page iv.)

leprosy segregated in this colony have been diagnosed in adolescence. Twenty-nine per cent. of the lepers give definite histories of contact with leper relatives. No record has been made of contact with lepers other than relatives. It is probable that carefully taken histories would have revealed contact histories in all the lepers isolated, since the disease is widespread throughout the islands. Thirty-five per cent. of those giving histories of contact with a single leper relative were sisters and brothers, 27% were cousins, while 11% were leper children and 7% leper parents. In only one per cent. of the lepers who were married before admission to Culión the infection has been between husband and wife. The male sex is more frequently infected. The average duration of leprosy is 7.3 years. Mortality of children born of leper parents is high. The incidence of infection among children living in the colony from 1 to 10 years is 10.4%. Infection in children born of parents one of whom is a leper and living among lepers for from 7 to 10 years, is 44%. Nothing of importance in regard to the transmission of leprosy was learned from the study of the large number of cases. [E. H. R.]

PARALYSIS OF RECURRENT LARYNGEAL NERVE ASSOCIATED WITH MITRAL STENOSIS.

BROWN, G. E., and HEMPSTEAD, B. E. (*The Journal of the American Medical Association*, Jan. 5, 1918) report an interesting case of this condition, the paralysis being of the left nerve and temporary, subsiding on re-establishment of compensation. The authors emphasize the importance of rigid chest examination in searching for a cause of such paralysis. [E. H. R.]

BOTULISM.

DICKSON, E. C. (*The Journal of the American Medical Association*, Sept. 22, 1917), in a very timely article, shows up the danger of poisoning from vegetables canned by the cold pack method. He shows that the maximum sterilization used in the cold pack methods is not enough to kill the bacillus botulismus; which has been demonstrated in asparagus, corn, beans, etc., put up by this method. Such vegetables should not be used in salads when put up by the cold pack method, but should be recooked before using. [E. H. R.]

A CRITIQUE OF BANTI'S DISEASE.

MOSCHCOWITZ, E. (*The Journal of the American Medical Association*, Sept. 29, 1917) believes that all the evidence obtainable gives us no right to believe that splenic anemia and Banti's disease are not identical. There is no reason for differentiating Banti's disease from other splenomegalies associated with anemia, on the ground that in Banti's disease no etiology can be determined. The author believes that we should regard Banti's disease as merely a nosologic and clinical entity which may be due to both known and unknown causes. The known causes are syphilis, alcohol, malaria, trypanosomiasis, persistence of umbilical vein, etc. In all of these an induration splenitis, splenomegaly, with eventual atrophy of the malpighian follicles and an anemia, are predominant factors. Banti's disease has no typical course and no diagnostic symptoms. The term "Banti's complex" would be a better one to apply to the condition present than "Banti's disease," which implies a distinct entity. [E. H. R.]

(Continued on page viii.)

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(Continued from page vi.)

War Deafness and Its Prevention.

Guild, S. R. (*The Journal of Clinical and Laboratory Medicine*, September, 1917) writes a very interesting article on this important subject. Apparently there are not existent any well-defined rules or methods of prevention. Cotton, either dry or moistened, is the substance most commonly used, but is not altogether satisfactory. Recently substances of a firmer nature, such as soft wax or paraffine, which can be moulded to the external meatus, are being more extensively employed, and seem to have advantages over other means employed. There is much room for reports on various methods used, and statistics as to results would be of great value. [E. H. R.]

SURGERY.

Operative Risk in Cardiac Disease.

Blachford, J. M., Willius, F. A., *and* Haines, S. B. (*The Journal of the American Medical Association*, Dec. 15, 1917) state that valvular disease with good or reasonably good compensation should not be considered as a contraindication to operation, because the surgical risk is not materially increased in such cases. Careful anesthesia is, of course, essential. In the Mayo Clinic, the record of 120,000 ether anesthesias, with but one death under anesthesia, is evidence of the remarkable safety of ether when properly administered.

Extremely severe cardiac disease can often be definitely to completely relieved by the removal of an infectious, mechanical or toxic source of cardiac strain or degeneration. In cardiopaths suffering from goiter, the relief is often beyond all expectations. Of 100 patients operated on with auricular fibrillation, there was a gross surgical mortality of 5%, but in only 3% was death due to the cardiac disease. Therefore 3% represents the increased risk in 100 patients. Seven patients with partial or complete heart block (six partial, one complete) were operated on, with no deaths. In many cases of myocardial insufficiency much benefit is to be derived from carefully conducted surgical procedures. The tendency has been in the past to over- rather than underestimate the danger from cardiac disease in surgical procedures. [E. H. R.]

The Use of Relaxing Incisions in Dealing with Extensive Unstable Scars.

Davis, J. S. (*The Journal of the American Medical Association*, Dec. 22, 1917) contributes a very valuable bit of technic to the treatment of large scars, particularly those from extensive burns, such as may surround the limb in the whole circumference, or the calvarium. In such cases he makes one or more deep linear scars, which allow of separation of the tissues, thus relieving tension and affording an opportunity for further successful skin grafting and a more healthy scar tissue. The procedure is simple and of decided value. [E. H. R.]

Exstrophy of the Bladder and Its Treatment.

Mayo, C. H. (*The Journal of the American Medical Association*, Dec. 22, 1917) describes his procedure for the relief of this condition. It consists in a transplantation by the invaginating method, of both ureters, one at a time, into the sigmoid. This is done so that the ureter for one and one-half inches lies in the wall of the bowel between the muscularis and the mucosa before it enters the lumen. In this way ascending pyonephrosis is avoided. Thirteen patients

(Continued on page x.)

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(Continued from page viii.)

have been operated by this method with but one operative death. The article is illustrated.

[E. H. R.]

TUBERCULOSIS OF THE APPENDIX.

SCOTT, J. R. (*The Annals of Surgery*, December, 1917) from his work, concludes that tuberculosis of the appendix occurs more frequently than is generally recognized. About 0.5% of all appendices removed surgically are tuberculous. There are three forms of this disease: miliary, ulcerative, and hyperplastic. The lesion may be primary or secondary to tuberculosis elsewhere in the body. The primary form is extremely rare, but in this type the prognosis is favorable, whereas in other types, except the hyperplastic, it is very unfavorable. The diagnosis rests on afternoon temperature, progressive losses of weight, night sweats, pain and tenderness in the right lower quadrant. The treatment is operative whenever possible. [E. H. R.]

A STUDY OF POSTOPERATIVE PNEUMONITIS.

NIPPLE, A. D. (*Surgery, Gynecology, and Obstetrics*, January, 1918), in a long, well-illustrated and very thorough article, concludes that this condition is a far more frequent complication than is either acknowledged or reported. Its incidence in surgical services varies largely with the care given to its detection. These pneumonias are carelessly overlooked under the term, "postoperative reaction." The author suggests that the x-ray is a valuable aid in the early diagnosis of this complication. The lung shadow usually appears in the radiogram before frank signs of consolidation can be elicited.

[E. H. R.]

THE OPERATIVE INDICATIONS IN HOUR-GLASS STOMACH.

DOWNES, W. A. (*Surgery, Gynecology, and Obstetrics*, January, 1918), in a report of personal experience in 17 cases of this condition, well illustrated with excellent half-tone plates, discusses the different operative procedures for relief of hour-glass stomach, and concludes that medio-gastric resection or resection in continuity is the ideal operation, provided the pylorus is not stenosed. The end-results demonstrate the value of this procedure. Unfortunately, it is limited to the cases with a few adhesions in which the pouch is fairly large and which permit of free mobilization. It is a longer and more difficult operation than most procedures and hence should not be undertaken in the patient who is in very poor condition.

[E. H. R.]

STUDIES IN THE TRANSPLANTATION OF WHOLE ORGANS.

DEDERER, C. (*The Journal of the American Medical Association*, Jan. 5, 1918), in an interesting experimental work, finds it is possible for a dog to remain alive and in good health more than four months after the transplantation of one kidney to the neck, even when the remaining kidney is removed two weeks after the transplantation. It was found that the quantity of urine from the cervical renal transplant was markedly increased after the removal of the other kidney. The neck seems to be a favorable site for the transplantation and observation of the secretion of a kidney. [E. H. R.]

RECURRENT OR HABITUAL DISLOCATION OF THE SHOULDER.

HENDERSON, M. G. (*The Journal of the American Medical Association*, Jan. 5, 1918) concludes from his

(Continued on page xii.)

THE PRESENT WAR will go down into history not only as the greatest the world has ever known as between man and man, but equally as great as between man and the disease germ.

So far, it has been a triumph of hygiene: while thousands have lost their lives because of infected wounds, other thousands have been saved that in other wars would have died.

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(Continued from page x.)

study of this condition that these dislocations may be cured by operation, and that capsulorrhaphy is the operation of choice. This has been found sufficient in most cases. Resection of the head of the humerus is not a permissible procedure for this condition. Arthrodesis or ankylosing of the head of the bone to the scapula, with the arm at a right angle, would be an extreme means but permissible.

[E. H. R.]

OBSERVATIONS ON SURGICAL SHOCK.

HENDERSON *et al.* (*The Journal of the American Medical Association*, Sept. 22, 1917) find, experimentally, that prolonged, excessive secretion of epinephrin (if it occurs under pain) is not a critically important factor in the production of shock. It is, therefore, improbable that surgical shock is a result of excessive secretion of the supra-renal, secondary to sensory stimulation. No definite conclusions are reached regarding the relation of acidosis to shock, but it is suggested that apparently the reduction of the carbon dioxid content of the blood by the excessive breathing under pain, results either in loss of alkali or a formation or retention of other acids. The question is yet to be settled whether rebreathing will prevent or decrease the development of shock in severely wounded men as it does in animals under experimental conditions. For those already in shock and breathing fully, rebreathing involves a dangerous limitation of oxygen. It is suggested that administrations of percentages of carbon dioxid approximating the normal alveolar air is the measure which is most likely to succeed in combating shock. With the introduction of the gas mask in warfare, this can probably be readily accomplished. [E. H. R.]

PATHOLOGY, PHYSIOLOGY AND PHARMACOLOGY.

THE DIAGNOSIS AND TREATMENT OF PATHOLOGICAL CONDITIONS IN THE ANTERIOR URETHRA THROUGH THE URETHROSCOPE.

HUHNER, M. (*The Medical Record*, Dec. 22, 1917), in a long eleven-page illustrated article, describes in clear detail his instruments and the precautions and contraindications in the performance of urethroscopy, preparations of instruments and patients, appearance of the normal and pathological urethra as seen through the urethroscope and the technic of the treatment of pathological conditions. The article is painstaking and thorough. [E. H. R.]

SUBACUTE AND CHRONIC NON-TUBERCULOUS PULMONARY INFECTIONS.

BUTLER, J. G. (*The American Journal of the Medical Sciences*, December, 1917), in a very interesting and well-presented article, describes a condition previously mentioned, but not so thoroughly classified, by Lord, Riesman, Larabee, and others. Miller groups these non-tuberculous infections into three distinct but often merging groups—the subacute, the subacute with recurrences, and the chronic type. Sputum examinations are repeatedly negative for tubercle bacilli; it is, however, profuse and purulent. Seasonal incidence is greatest in the cooler months. The lower lobes are most commonly affected. Cough and expectoration are the predominant features. Hemoptysis is frequent and often marked.

[E. H. R.]

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MILITARY MEDICINE.

Cases of Cerebrospinal Fever in the Royal Navy.

Rolleston (*The Lancet*, Jan. 19, 1918) reports on the cases of cerebrospinal fever in the English navy during the third year of the war. There were 143 bacteriologically proved cases during the first year of the war. He gives in tabular form the monthly incidences of these cases, with a mortality per month. Of these cases, 77% were under 25 years of age. Out of 143 cases, 36.2% proved fatal as compared with 35.6% in the second, and 52.9% in the first year of the war.

He describes the clinical aspects of this disease, with remarks on the diagnosis. He then describes the serum treatment of this condition and the methods of administering the same. [J. B. H.]

Some Points in the Diagnosis and Treatment of Dysentery Occurring in the British Salonika Force.

Graham (*The Lancet*, Jan. 12, 1918) discusses the general subject of dysentery, with especial reference to diagnosis and treatment, as follows:

1. Ninety-five per cent. of the dysentery occurring in the British Salonika Force is of the bacillary type.
2. Stools in the blood and mucous stage of bacillary dysentery are sufficiently characteristic to diagnose the case "clinical bacillary dysentery" and treat it as such.
3. In fecal stools the presence of cellular mucus in which pus cells predominate, or of small groups of pus cells, is sufficient to warrant the diagnosis of "clinical bacillary dysentery."
4. A mild form of bacillary dysentery, which in this paper has been called "mild recurrent bacillary dysentery," is the cause of the diarrhea in a very fair percentage of the cases admitted to hospital as simple diarrhea.
5. There is no evidence that the intestinal flagellates produce a dysentery, and that they are causal agents in simple diarrhea more proof is necessary.
6. The prevention of dehydration of the tissues by the injection of normal saline is of primary importance in the treatment of severe bacillary dysentery.
7. Intravenous injection of antidysenteric serum in doses of 60 to 80 ccm. once or twice daily the first three days of treatment, gives the best results.

[J. B. H.]

Preliminary Report of the Committee upon Trench Fever and Pyrexia of Unknown Origin.

Herringham, Beveridge, Bradford and Leishman (*British Medical Journal*, Jan. 19, 1918) were appointed as a committee to consider the following points in regard to trench fever:

1. To determine whether these cases of unknown pyrexia include more than one class of fever, and, if so, to classify them.
2. To observe the symptoms distinctive of each class that might be established, and thereby to distinguish one class from another, and from all known fevers.

(Continued on page vi.)

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(Continued from page ix.)

3. To investigate the etiology and pathology of these fevers.
4. To discover the best means of prevention and cure.

They divide this fever into three classes:

A. The relapsing class (trench fever).
B. A class with a single short initial bout of fever and no relapse.
C. A class with prolonged initial fever.

They discuss these three classes with illustrative temperature charts, and conclude as follows:

1. There are three forms of fever of unknown origin (P. U. O.) now prevalent: the relapsing (trench fever), the single short initial bout, the prolonged initial fever.
2. These three are indistinguishable from one another by any other symptoms than the course of the pyrexia.
3. All exhibit similar pains, all produce enlargement of the spleen, none show intestinal or renal symptoms of any importance, and all are apt to produce tachycardia. [J. B. H.]

SURGERY.

Deep Palmar Hand Infections.

Beye, H. L. (*Annals of Surgery*, February, 1918) writes a most interesting purely clinical article on this subject. The article is full of observations, minute in character, which show a thorough knowledge of the subject, and which for this reason are of extreme value, especially in aids to diagnosis in locating deep-seated infection or collections of pus. The article is well illustrated, and should be carefully read by all men doing surgery, and also by the general practitioner seeing this type of case. [E. H. R.]

Comparative Results of Various Functional Kidney Tests (Based on a Series of Cases).

Thomas and Birdsall (*Jour. Amer. Med. Assn.*, Nov. 24, 1917) conclude from their work that none of the functional tests are superior to the indigo-carmin test. This is more trustworthy and practical than phenolsulphonephthalein. In cases which may require an additional functional test for confirmatory judgment, phenolsulphonephthalein, total non-protein nitrogen or urea nitrogen of the blood may be utilized. Other more complicated and apparently more exact tests are no more reliable than indigo-carmin and, in the majority of cases, not practical. [E. H. R.]

Auto- and Heterotransplantation of Kidney Tissue.

Loeb (*Jour. Med. Research*, Nov., 1917) finds that the fate of kidney tissue after auto- and heterotransplantation is markedly influenced by the place of transplantation. The main difference between auto- and heterotransplanted pieces consists in the lymphocytic reaction, which is much greater around the heterotransplants. A necroses of the centre of the transplanted kidney takes place, and this is slow to organize. The curve of mitotic proliferation in the transplanted kidney tubules is definite. [E. H. R.]

Fluid Substitutes for Transfusion after Hemorrhage.

Rous and Wilson (*Jour. Amer. Med. Asso.*, Jan. 26, 1918), in a very interesting and practical article, assert that it is common knowledge that in the casualty clearing stations in the present war there are

(Continued on page viii.)

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(Continued from page vi.)

many men who have lost too much blood to be operated on, who cannot be revived by means of salt solution, but who would undoubtedly respond to transfusion,—for which there is neither time nor suitable donors. A number of fluid substitutes have recently been suggested. This paper considers what may be expected from a substitute, and the relative merits of some of those now in use. The authors find that in regard to the limits of substitution for hemoglobin, no matter how desirable it may be, it is not essential to supply blood corpuscles in ordinary cases of acute hemorrhage. Even in the worst cases the body retains at least twice the minimum functioning hemoglobin, which, if other factors are favorable, will support life. Saline solution is the least valuable of all fluid agents to make up blood bulk. Bayliss' 7% gum acacia solution is, up to the present time the best substitute, and Hogan's 2.5% gelatin solution comes a close second. The article is suggestive. [E. H. R.]

THE RELATION OF THE SPLEEN TO CERTAIN OBSCURE CHEMICAL CHANGES.

MAYO (*The Med. Record*, Oct. 27, 1917) gives a very concise review of the subject of splenomegaly in various diseased conditions. He describes briefly and lucidly the relation of the spleen to the blood, the liver, to protozoa and bacterin. He reviews the results of splenectomy for the relief of certain diseases with the idea of establishing the value of this operation, and sums up his experience as follows: "Splenectomy has a field of usefulness in selected cases of pernicious anemia, especially in those showing a marked hemolysis by the Schneider duodenal test and evidence of slight bone marrow damage. The operation in this type of case is not difficult, as the spleen is only moderately enlarged and not adherent. In splenomyelogenous leukemia it is often best to reduce the size of the spleen by preliminary treatment with radium, and when the spleen has been thus reduced and the white count lowered to between 20,000 and 30,000, a splenectomy can be done with much relief of symptoms. For hemolytic icterus, splenectomy has given astonishingly good results. The jaundice of long standing disappears within a very few days. In biliary cirrhosis, the operative difficulties are often so great that the operation of splenectomy is contraindicated. There is no doubt but that the spleen should practically always be removed in all cases of splenic anemia, and results have been gratifying in four out of five cases of the later stage of this condition or portal cirrhosis. [E. H. R.]

MILITARY SURGERY.

THE MEDICAL ASPECTS OF AEROPLANE ACCIDENTS.

ANDERSON (*The British Medical Journal*, Jan. 19, 1918) describes a series of 58 aeroplane accidents. He groups the causes of such accidents as follows: (1) defect in the aeroplane; (2) error in judgment in flying; (3) "loss of head"; (4) brain fatigue or lethargy; (5) fear; (6) physical illness; (7) unavoidable causes. Of these 58 accidents, 42 were due to errors of judgment, in 38 of which there was no injury to the pilot. He presents a scheme for first aid at an air station, and describes the various injuries most likely to occur. The article is of distinct interest. [J. B. H.]

SURGICAL EXPERIENCES IN THE PRESENT WAR.

MOYNIHAN (*Surg., Gyn. and Obs.*, December, 1917) presents a very thorough and interesting paper in three parts: 1. Gunshot wounds and their treatment, 2. Injuries to the peripheral nerves and their treatment, 3. Gunshot wounds of the lungs and pleura.

(Continued on page x.)

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(Continued from page viii.)

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[E. H. R.]

PHYSIOLOGY, PATHOLOGY AND PHARMACOLOGY.

A More Delicate Wassermann Reaction Depending on the Use of Increased Quantities of Blood Serum.

Rohan and Lynch (*Jour. A. M. A.*, Oct. 13, 1917), using graded increasing amounts of blood serum and spinal fluid, find that they have a controllable and more delicate test than by the use of older methods of preparing the Wassermann reaction. With larger quantities of serum a higher percentage of positive reactions can be obtained. With this technic, if the serum is fresh, 1 cc. is not more anticomplementary than smaller quantities. Normal serum does not cause complement-fixation when 1 cc. is used. A Wassermann test made with graded quantities of serum is not only an index of the activity of the syphilitic process but is of value in indicating the progress of the case under treatment.
[E. H. R.]

NEUROLOGY AND PSYCHIATRY.

Report on 10,000 Cases from the Clearing House for Mental Defectives.

Schlapp and Paulsen (*Med. Record*, Feb. 16, 1918) make a report on their method of weeding out the mental defectives of a big city like New York. This Clearing House for Mental Defectives was established in 1911 at the Postgraduate Hospital and is still being carried on and gradually broadened out. The procedure is as follows: Complete registration and identification of the patient by means of photographs and by mental and physical measurements, combined with a complete history of the case and all relative facts obtainable, diagnosis, recommendations for care, treatment, and training proper to each case, and follow-up work. Cases are referred from other hospitals, by social workers, by the Children's Court, by the Society for the Prevention of Cruelty to Children, by the Department of Public Charities and other similar institutions. Elaborate charts, presenting the work in this clinic, are presented. The work seems of extreme value and worth imitation by other cities.
[E. H. R.]

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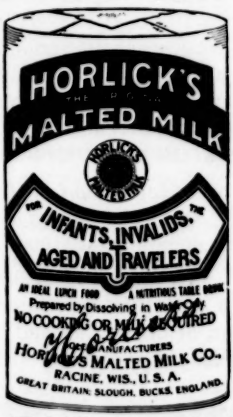

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TORR W. HARMER, M.D. WILDER TILESTON, M.D.
JOHN B. HAWES, 2D, M.D. EDW. L. YOUNG, JR., M.D.

MEDICINE.

A COMPARATIVE STUDY OF INFANTILE PARALYSIS, ANIMAL DISTEMPER, AND THE RELATED DISEASES.

BRISTOL, L. D. (*The Journal of Medical Research*, January, 1918), in a long article not easy of abstracting, considers the subject from three standpoints: (1) the work of other investigators, (2) the reported experiments of the present, and (3) a hypothesis as a basis for future study. The author endeavors to show that there are certain suggestive epidemiological, pathological and clinical characteristics common to distemper (and its related diseases of lower animals) and human infantile paralysis. He endeavors to show by bacteriological and serological experiments that the above analogies may be extended to include biological similarities in the infecting organisms concerned, and from these studies he suggests that the organism of poliomyelitis is a pleomorphic bacillus (often indistinguishable from a true coccus), and that it may be closely related to the large group of bi-polar bacilli, or Pasteurella. He suggests, therefore, that infantile paralysis may be the manifestation of a common widespread human Pasteurellosis. The mode of spread may be analogous to that in animals, and it may account for its sporadic character or for its great virulence at times. [E. H. R.]

THE TREATMENT OF NON-TURERCULOUS LUNG ABSCESS WITH ARTIFICIAL PNEUMOTHORAX.

TEWKSBURY, W. D. (*The Journal of the American Medical Association*, Feb. 2, 1918) makes the rather radical statement that, in view of the poor results obtained by the usual procedures, artificial pneumothorax, used promptly, appears to be the rational treatment in all cases of acute pulmonary abscess. In most cases of chronic pulmonary abscess the patients will probably not be materially benefited by the use of pneumothorax. In 10 of his cases treated 6, or 60%, were cured; 2, or 20%, were only temporarily relieved; and 2, or 20%, died. In 4 cases in which the abscess was of less than two weeks' duration, a prompt cure was effected, it is claimed. [E. H. R.]

THE VALUE OF THE WASSERMANN REACTION AS INDICATED BY POST-MORTEM INVESTIGATION IN 331 CASES.

SYMMERS, D., *et al.* (*The Journal of the American Medical Association*, Feb. 2, 1918) found that, depending on the antigen employed, the Wassermann reaction in the living patient, as carried out at the Bellevue Hospital, gives a negative result in from 31 to 56% of cases in which the characteristic anatomic signs of syphilis are demonstrated at necropsy. The Wassermann reaction in the living patient is positive in at least 30% of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. [E. H. R.]

(Continued on page vi.)

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(Continued from page iv.)

STREPTOCOCCUS ORAL SEPSIS. AN ATTEMPT TO APPLY A COMPLEMENT-FIXATION TEST AND TO DETERMINE THE VALUE OF A ROUTINE BLOOD EXAMINATION.

PORTER, W. B., *et al.* (*The Medical Record*, Jan. 26, 1918), from their work make the conclusions that, even with an imperfect antigen, the results of a complement-fixation test for streptococci in the oral sepsis complicating or causing many forms of chronic invalidism, supports, in general, the clinical evidence of the etiological prophylactic and therapeutic importance of this organism, and emphasizes the desirability of further attempts along this line to assist in diagnosis. In 25 cases of pronounced oral sepsis, the only suggestive feature exhibited by a routine examination of the blood is a high normal lymphocyte percentage, which, however, is certainly no more striking than in any collection of patients who consult a physician for some minor ailment. [E. H. R.]

EXPERIMENTAL STUDIES OF THE MODE OF ABSORPTION OF MERCURY WHEN APPLIED BY INUNCTION.

SCHAMBERG, J. F., *et al.* (*The Journal of the American Medical Association*, Jan. 19, 1918) conclude, from animal experimentation, that the chief avenue of absorption of mercury when applied by inunction is the skin. Rabbits may be fatally poisoned with mercury by inunction, even when no opportunity of absorption through the lungs exists. Rabbits breathing a mercury-laden atmosphere may absorb considerable quantities of mercury through the lungs, but the respiratory absorption seems to be far less important than the cutaneous. Metallic mercury in the form of the official mercurial ointment is more volatile and is more apt to be absorbed by the lungs than calomel ointments of equal strength. Calomel ointments are fully as well absorbed through the skin as the ordinary blue ointment—in fact, apparently with even greater facility. There appears to be no reason why calomel inunctions should not supplant the unclean blue ointment rubbings which have so long been in use. [E. H. R.]

BENCE-JONES PROTEINURIA.

MILLER, S. R., and BAETJER, W. A. (*The Journal of the American Medical Association*, Jan. 19, 1918), having within fifteen months recognized seven instances of Bence-Jones proteinuria, feel that this is rather strong evidence against the accepted view of the rarity of its occurrence and its limitation to diseases of the bone or bone marrow. The protein in the urine examined answered so closely all of the accepted criteria for Bence-Jones protein that one is forced to assume that either the Bence-Jones body was present or some other protein not readily distinguishable from it. Two points stand out as of special interest. Bence-Jones proteinuria apparently may occur in seemingly healthy young persons, in whom it may be discovered accidentally. In cases reported there were, in addition, hypertension and cylindruria, despite functional renal tests which were in all respects normal. These cases may be strong additional proof of the theory that Bence-Jones proteinuria is an inborn error or anomaly of metabolism. The question of a possible relationship of the protein to the high blood pressure, and the query as to whether these cases may not become true hypertensive nephritis, remain to be settled. One is forced to wonder whether the Bence-Jones body has not been missed in many cases merely because of the widely accepted idea of its rarity.

[E. H. R.]

(Continued on page viii.)

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(*Continued from page vi.*)

STERILIZATION AND PURIFICATION OF WATER WITH ISOTONIC SODIUM HYPOCHLORITE SOLUTION (WITH NEUTRALIZATION OF THE WATER BY PEROXIDE OF HYDROGEN).

FRALICK, W. G. (*The Medical Record*, Feb. 9, 1918) has been experimenting for the past seven years with hypochlorites of various kinds for both surgical and sanitary purposes, and believes that in view of the disagreeable and probably injurious qualities of water disinfected with calcium hypochlorite, in emergency outfits (Lister bags), and in view of the fact that troops avoid drinking it its use should be discontinued. Water can be sterilized with small quantities of isotonic sodium hypochlorite solution and neutralized by the addition of peroxide of hydrogen. The water prepared by this method is sterile, free from taste and palatable, efficient, economical and practical. [E. H. R.]

FOOD. CLASSIFICATION OF FOOD. PREPARATION OF FOODS. GENERAL CONSIDERATION OF DIETETICS.

RECKFORD, F. F. D. (*The Medical Record*, Feb. 9, 1918), in a very simple but plainly stated and easily readable article which is not too scientific in its terminology, gives some extremely practical suggestions, rules, and advice to be followed by the public in the purchase, preparation and consumption of the different foodstuffs. The article is particularly applicable at the present time. [E. H. R.]

SURGERY.

A NEW METHOD FOR LOCATING SMALL CALCULI IN THE KIDNEY AT OPERATION.

BURNS (*Journal of Urology*, Vol. 1, No. 6) suggests a way of determining the situation of a small stone within the kidney. From a study of the x-ray the distance of the shadow from the lower pole and from the cortex is determined. When the kidney is delivered, these measurements are applied to the kidney. Their point of intersection should be over the stone.

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SURGERY.

A STUDY OF ANTE-OPERATIVE AND POST-OPERATIVE BLOOD COUNTS IN NON-INFECTIOUS SURGICAL CONDITIONS.

MELENEY, F. L. (*The Annals of Surgery*, February, 1918), in a very painstaking bit of clinical work, finds that in surgical cases undergoing operation without infection, the white cells increase in number, and about six hours after operation have more than doubled. This increase is practically all in polymorphonuclear cells. There is a trivial rise in red cells after operation, but in the subsequent ten days this is followed by a progressive anemia with an average loss of about one-half million cells per c.mm. The white count may be expected to fall rapidly in clean cases, and reach normal on the fourth day. In infected cases it will fall much more slowly. Infection or contamination have nothing to do with the initial rise, but on the second or third day after operation they will tend to keep the count high. Other things being equal, the count will be higher in those cases in which there are severe trauma to the tissues, many sutures and ligatures used, considerable loss of blood, and long anesthesia, especially with ether. Normal individuals will produce a higher leucocytosis than abnormal types. [E. H. R.]

SOME NEW METHODS IN THE TREATMENT OF CARCINOMA OF THE LOWER GENITO-URINARY TRACT WITH RADIUM.

YOUNG and FRONTZ (*Journal of Urology*, Vol. 1, No. 6). This paper is divided into two parts. The first part deals with the use of radium in the treatment of carcinoma of the prostate; the second with its use in the treatment of bladder tumor. The writers have attacked carcinoma of the prostate and vesicles from the rectal, urethral and perineal approaches. 103.7 mg. of radium, screened to cut out the beta rays, was used, and in some cases the application was five hours in length. The radium was applied systematically and was moved at regular intervals so as to cover all of the area involved. The application of less than 1200 milligram hrs. gave little result. In some cases, from 3000 to 5000 mgm. hrs. was given. Sixty-six cases of prostatic carcinoma were treated. Of 11 cases with complete retention, only one showed improvement. Of 51 cases with frequency and pain, 34 had adequate treatment. Of these, 18 showed marked improvement, 7 slight improvement, 7 none. In a few cases, the results were very striking. The tissue removed from some cases after treatment showed marked degeneration of the epithelial cells and a great overgrowth of fibrous tissue.

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(Continued on page vi.)

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(Continued from page iv.)

A STUDY OF THE VESICAL ORIFICE FOLLOWING PERINEAL PROSTATECTOMY.

WATSON (*Journal of Urology*, Vol. 1, No. 6) studied the condition of the internal vesical sphincter by the cystographic method. Radiograms of the bladder filled with thorium show whether the vesical cavity is continuous with the prostatic urethra, or whether there is a barrier between the two.

Watson refers to similar work done on patients after suprapubic prostatectomy, which showed that, in the majority of cases, the internal sphincter no longer functionated. The cases studied by Watson had had perineal prostatectomy. In practically every instance, the internal sphincter returned to normal within a few weeks after operation. [G. G. S.]

THE NATURE AND TREATMENT OF WOUND SHOCK AND ALLIED CONDITIONS.

The Journal of the American Medical Association, Feb. 23, 1918, contains three articles bearing on this subject, all by members of the especially appointed Special Investigation Committee. The first article, on A Clinical Study of Blood Pressure in Wound Conditions, by FRASER and COWILL, takes up the study of blood pressure observed in various wound conditions, grouping each. They also study blood pressure subsequent to various intravenous transfusions. They conclude that in cases of profound shock, accompanied by loss of blood, excellent results are obtained from direct blood transfusion. Injection of calcium hypertonic gum solution will produce an immediate rise of pressure in hemorrhage cases or cases of hypotension accompanied by toxemia. This rise will often tide a patient through an operation. In milder cases of shock and hemorrhage, infusion with hypertonic saline is useful. Results obtained after infusion with physiologic sodium chlorid solution have been unsatisfactory.

An uncomplicated wound running a favorable course shows a steadily maintained blood pressure. With the onset of gas gangrene or sepsis, there is a sudden fall of pressure. A steadily rising or maintained high pressure, even in a severe wound, may be taken as a most favorable prognosis.

The second article, by CANNON, FRASER and HOOPER, on Alterations in Distribution and Character of Blood in Shock and Hemorrhage, shows that the red count taken from various capillaries is higher than that of blood taken from a vein. The discrepancy is greater the more profound the shock, and is often as much as two million corpuscles. Since the venous count is approximately normal, the condition is due to a stagnation of corpuscles in the capillaries. This condition, once established in shock, is only gradually recovered from, *i.e.*, over two to three days. After hemorrhage and shock the hemoglobin reading is relatively low, compared with the red count. If an operation is not accompanied by hemorrhage the count and hemoglobin may be higher than before, probably due to loss of fluid from the body. Continued concentration of the capillary blood for several days after injury accompanies a continued unfavorable clinical condition. Disappearance of the concentration is a signal of improvement. Continued dilution of the blood after the fourth or fifth day is ominous.

The third article, by CANNON, is on Acidosis in Cases of Shock, Hemorrhage and Gas Infection. It is found that in cases of shock and low blood pressure, the lower the pressure the greater reduction there is in blood alkalinity or increase in acidosis. The pulse is rapid in these cases, but does not vary with the degree of acidosis. The respiratory rate becomes more rapid as the acidosis increases until, shortly before death, a true air hunger may prevail.

(Continued on page viii.)

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(Continued from page vi.)

Blood sugar is usually somewhat increased. The acidosis is not due, therefore, to lack of circulating carbohydrate. Shocked men suffering after operation from extreme acidosis with air hunger can be quickly relieved of their distress by intravenous injections of a solution of sodium bicarbonate, and their blood pressure restored to normal. [E. H. R.]

THE USE OF DICHLORAMINE-T IN THE TREATMENT OF INFECTIONS AND INFECTED WOUNDS.

LEE, W. E., and FARMER, W. P. (*The Annals of Surgery*, Jan., 1918), in a very interesting and practical article, which carefully analyzes the Carrel-Dakin method, show up the dangers of this method when the technic is not properly carried out, and its distinct advantages when properly employed. They give careful directions for the preparation and preservation of the solution, and assert that, if properly bottled and kept, no danger of decomposition of the fluid takes place, and it can be preserved for weeks at a time. [E. H. R.]

FURTHER OBSERVATIONS ON THE RESULTS OF BLOOD TRANSFUSION IN WAR SURGERY.

ROBERTSON, L. B., and WATSON, C. G. (*The Annals of Surgery*, January, 1918), in a very good article, well illustrated by case histories, show the immense practical value of immediate transfusion in cases of shock seen at the front. Often an exsanguinated patient who requires immediate operation to save life is made operable by a preliminary transfusion. The procedure is of greatest value, therefore, in primary shock and hemorrhage, as it is also in secondary hemorrhage. The article is of interest. [E. H. R.]

BILE PERITONITIS WITHOUT EVIDENT PERFORATION OF THE BILIARY TRACT.

BUCHANAN, J. J. (*Surgery, Gynecology, and Obstetrics*, March, 1918), in an interesting article, finds that there is no typical disease picture to account for a bile peritonitis without evident perforation of the bile tract. There is, however, a definite group of recorded cases, with abundant effusion into the peritoneal cavity, in which no perforation could be found at operation or on autopsy. These cases may be accounted for in a variety of ways, but no one hypothesis suits all cases. The bilious nature of the effusion still lacks proof of a chemical examination, and, therefore, all future cases should be tested for bile acid and bile salts. These cases being so unusual and atypical, the diagnosis has not been made even tentatively, the real condition having never even been suspected in any of the published cases. Treatment should be by dry-mopping the peritoneal cavity and direct drainage of the common duct. [E. H. R.]

THE TREATMENT OF FRACTURES OF THE EXTREMITIES BY MEANS OF SUSPENSION AND TRACTION.

BLAKE, J. G., and BULKLEY, K. (*Surgery, Gynecology, and Obstetrics*, March, 1918), in an excellently illustrated article, describe in very accurate detail different types and modifications of suspension and traction apparatus in the treatment of fractures of the extremities. The descriptions are very clear and easy to visualize. The article, which does not go into end-results, is of distinct value. [E. H. R.]

(Continued on page x.)

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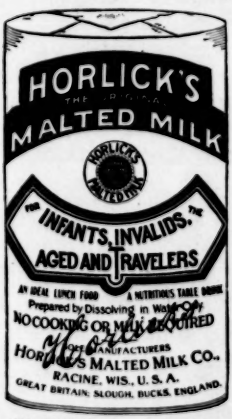

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MEDICINE.

PARTIALLY AUTOLYZED PNEUMOCOCCI IN THE TREATMENT OF LOBAR PNEUMONIA: RESULTS IN 200 CASES.

ROSENOW, E. G. (*The Journal of the American Medical Association*, March 18, 1918) quotes Cole as the authority for the statement of the fact that the curative power of antipneumococcus serum in lobar pneumonia, due to Type I pneumococcus, appears to be established. Of every 100 cases, the infection in about 35 cases is due to Type I coccus, 10 dying if untreated. The remaining 65 are due to the other types of pneumococci, and in these 20 deaths occur. Hence about two-thirds of the cases of lobar pneumonia and two thirds of the deaths from the disease are due to a type of cocci for which there is at present no specific serum treatment. The author has used a partially autolyzed vaccine, the preparation and administration of which he describes, in about 200 cases. In 146 cases there was a mortality of 23% in treated, and of 38% in untreated cases. Illustrative charts are used to demonstrate the method. The author now has on hand a large amount of this antigen, which is offered to physicians in civil and military life for use. [E. H. R.]

AQUEOUS SOLUTIONS OF POTASSIUM AND SODIUM IODIDS AS OPAQUE MEDIUMS IN ROENTGENOGRAPHY.

CAMERON, D. C. F. (*The Journal of the American Medical Association*, March 16, 1918), in a preliminary report, finds that a 50% solution of potassium or sodium iodid of the depth ordinarily used in roentgenographic work is almost completely opaque to the roentgen ray. If such solution is called full strength, one half and greater strengths cast very definite shadows. These solutions are made with very little trouble or expense. They are stable, not irritating, except on areas freshly denuded of epithelium. They are miscible with urine and blood without causing precipitation or coagulation. This simple aqueous solution is neutral in reaction, and is easily sterilizable. Good roentgenograms of the human bladder filled with a 15% solution and of chronic sinuses filled with a 50% solution have been made. No bad effects have been noted. A 25 to 50% solution should be sufficient for good pyelograms. The author wishes to issue a caution in the indiscriminate use of these solutions until further experiment is made, but publishes this report because of its possible benefit in war surgery. [E. H. R.]

SYPHILIS OF THE LUNG.

FRASER, H. (*The American Journal of the Medical Sciences*, March, 1918), in an article well illustrated by case histories and plates, concludes that syphilis of the lung is uncommon but not extremely rare. It is worth diagnosing correctly, but does not produce a typical clinical picture easy of diagnosis. It should be kept in mind and ruled out in every case thought to be pulmonary tuberculosis where the sputum is negative for tubercle bacilli. Proper anti-syphilitic treatment produces remarkable cures. [E. H. R.]

(Continued on page vi.)

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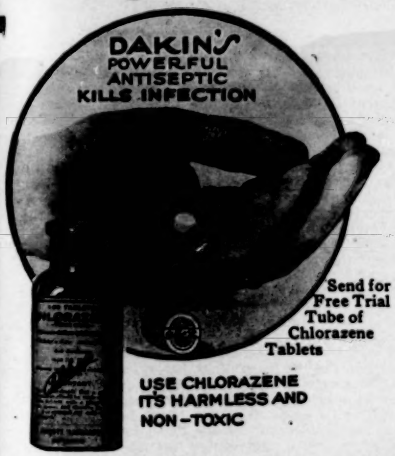

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(Continued from page iv.)

SURGERY.

A Consideration of the Nature of Wound Shock.

Cannon, W. B. (*The Journal of the American Medical Association*, March 2, 1918), in a paper which is a continuation of his previously reported investigations on this subject, also gives a very clear consideration of the bearings of the theoretical aspects of the results obtained on the treatment. It is shown that Henderson's original theories in regard to acapnia and shock were not correct, but that the condition is one in which acidosis is present, and hence the ability of the blood to take up carbon dioxide is correspondingly reduced. The state of acidosis which already exists in the shocked man may be distinctly aggravated by the procedures (such as rebreathing) advocated by Henderson and Porter. The author then discusses the nerve exhaustion theory of Crile and brings evidence to show that there are very meager evidences of exhaustion of nerve cells or centers in the early stages of shock; enough to cause lowered blood pressure and allied phenomena. This exhaustion may, however, take place in the later stages as a result of the extreme acidosis present or accumulated. As regards the cardiac failure theory, here again, in the later stages of shock, there may be failure due to the same injurious effects of acidosis, but there is no evidence to show that the heart is primarily at fault. The problem of the lost blood in shock is then taken up in detail, and refutes the old theory that a shocked man "bleeds to death into his own abdominal veins"; neither is there any evidence of dilatation of the superficial systemic veins. Evidence rather points to stagnation of large amounts of blood in the capillaries, where it is more concentrated and its viscosity is increased. Acidosis, once established, tends to continue the disturbances in circulation which have been produced by outside conditions. A vicious circle is, therefore, set up. The retarded blood flow in the cooled capillaries would result in a lessened supply of heat to the regions of stasis; the cooling would increase further viscosity and, therefore, blood flow in the capillaries would be still further retarded, and as more blood accumulates in the capillaries, less is returned to the heart, and the arterial pressure continues to fall, and further stagnation occurs in the capillary area. The term "exemia" or "dacinid of blood" is one suggested for the condition represented by wound shock in which part of the normal circulating blood is withheld from currency. This paper is of extreme interest and value.
[E. H. R.]

Ileus from Mesenteric Fibroma.

Gilberti (*Policlinico*, Surg. Sect., September, 1917) reports in detail the case of a woman of 62 with acute intestinal obstruction due to a mesenteric fibroma which had never given any appreciable symptoms. Two months before entering the hospital she received a contusion of the abdomen, and from then on had noted a tumefaction in the right hypochondrium. The tumefaction was painless, movable, and gradually increasing in size. She had occasional attacks of abdominal pain which were relieved by defecation. She had always suffered from constipation. The obstruction in the intestine came on suddenly, producing a severe set of disturbances. There was no idea as to the cause of the obstruction until the operation revealed the site of the mesenteric tumor. The trauma contributed to the increased development of the tumor, and the accumulation of feces or gas had combined with the movable tumor to obstruct the intestine.

(Continued on page viii.)

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(Continued from page vi.)

Gilberti traces the history of mesenteric cysts to 1507, the first case being reported by Benivieni, a Florentine anatomist. A few cases were reported between 1507 and 1578 by various writers.

Morgagni, in 1700, gave a clear description of obstruction by a mesenteric cyst. [G. M. B.]

SUTURELESS SKIN-STICKING METHOD FOR THE RADICAL TREATMENT OF LUNG ABSCESS AND CHRONIC OSTEOMYELITIS.

BOCK, E. G. (*Surgery, Gynecology, and Obstetrics*, March, 1918), in a beautifully and graphically illustrated article, demonstrates the advantages of his new method of overcoming chronic sinuses. The skin flaps used are not sutured, but packed in place till they are adherent, by means of gauze. This method applies to chronic empyema, lung abscess and chronic suppurative osteomyelitis. He is also in favor of the wide excision of tissues, as now practised in the war hospitals, as a means of preventing chronic suppuration. Bismuth paste injections should be repeatedly employed in chronic suppurative cases before extensive operations are resorted to. The sticking skin suture will often cure many cases, and at an infinitely less risk than the old Estlander or Schede operation. The method seems to be a distinct advance in surgical technic. [E. H. R.]

MILITARY SURGERY.

WAR WOUNDS OF THE KNEE JOINT.

JUDD, J. R. (*Surgery, Gynecology, and Obstetrics*, February, 1918), in an excellent article, well illustrated and clearly presented, states that the treatment of these wounds has been greatly improved as a result of this war experience. The earlier methods of non-interference, drainage tubes and wholesale removal of bone have yielded disastrous results. The mortality has been greatly reduced by improved methods. Perforating wounds traversing the joint should be treated by puncture, compression, and immobilization. For wounds with foreign bodies, with or without bony lesions, early intervention is the secret of success. The new era in knee joint surgery calls for arthrotomy within 48 hours; removal of foreign bodies and loose fragments of bone; excision of path of projectile, cleansing of joint (with ether); and suture without drainage. The margins of the perforations of the synovia should be excised and sutured with catgut. This method gives vastly superior results to other older forms. [E. H. R.]

PATHOLOGY, PHYSIOLOGY, AND PHARMACOLOGY.

A SOCIOLOGIC AND MEDICAL STUDY OF FOUR HUNDRED CIGAR WORKERS IN PHILADELPHIA.

MILLER, T. G. (*The American Journal of the Medical Sciences*, February, 1918) states that the literature upon the effects of working in tobacco favors the view that it predisposes the worker to pulmonary tuberculosis, gastro-intestinal disturbances, anemia, genital abnormalities and nervous conditions. In a study of the social and medical conditions of 400 cigar workers in Philadelphia the author did not find support for any of these contentions. He did find, however, some wearing of the teeth and some pharyngeal and conjunctival congestion,—findings which were believed to be dependent upon faulty personal and factory hygiene. [E. H. R.]

(Continued on page x.)

THE PRESENT WAR will go down into history not only as the greatest the world has ever known as between man and man, but equally as great as between man and the disease germ.

So far, it has been a triumph of hygiene: while thousands have lost their lives because of infected wounds, other thousands have been saved that in other wars would have died.

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(Continued from page viii.)

PREVENTIVE MEDICINE AND HYGIENE.

ANTENATAL SYPHILIS.

ROUTH (*The Lancet*, Jan. 12, 1918), in an address on antenatal syphilis, discusses the general subject of congenital syphilis and various problems connected with it, still unsolved. Four of these problems he presents, as follows:

Problem 1.—Why are some women, gravid with a syphilitic child, negative during their pregnancy and for some time afterwards? This fact was not expected when the Wassermann test was discovered.

Problem 2.—A congenitally syphilitic child (born of such a mother) is often also negative at birth, and for some weeks or months afterwards, and may even show no clinical evidences till puberty.

Problem 3.—Why are spirochaetes almost always absent in the tissues of abortions, even in abortions which are prior to or intervene between stillbirths of women known to be syphilitic, or in whose stillbirths spirochaetes are found?

Problem 4.—Colles' law.

He comes to the following general conclusions:

1. The "granules" are the result of the "spirillolysis" or breaking-up of the spirocheta pallida.

2. The "granules" are infecting agents, being, in fact, spirochaetes in the granule stage. They are able to develop into the mature spirochaetae in a suitable environment, or may become biologically inactive and remain latent for short or long periods.

3. Chorionic (syncytial) ferments are present at the point of inter digitation of the fetal and maternal portions of the placenta. Their action is primarily trophoblastic to enable the delicate chorionic villi to penetrate the uterine mucosa and to open up maternal blood vessels, so that the ovum may find for itself a resting place with nutritive blood spaces around it. As a result of the destructive action of the ferments upon the maternal tissues, so-called syncytio-toxins are formed, but appear to be at once neutralized by so-called syncytio-lysins. If not thus neutralized, maternal and fetal toxemia may become present.

4. The chorionic ferments (or their derivatives) are suggestive as being capable of exercising their destructive properties upon the spirochaeta pallida, which may either be in the maternal intervillous or fetal intravillous tissues, both of which are in intimate relations with the syncytial cells of the villi, whence the ferments arise.

5. This destructive action of the chorionic ferments upon the spirochaete breaks it up into granules.

6. I further suggest that during pregnancy it is the continued action of the chorionic ferments upon the granules which may render them latent and biologically inactive, and perhaps, in a few cases, may destroy them.

7. After the pregnancy, when the chorionic ferments cease to be present in the tissues of the mother and child, the granules, wherever they may be, may develop into mature spirochaetes.

8. The success or failure of the chorionic ferments to protect the mother and child from spirochaetal infection would depend upon: (*a*) the virulence of the infection, which tends to diminish, owing to the presence of more maternal antibodies, with each successive pregnancy; and (*b*) upon the source of the infection. Infection is probably most difficult to arrest in a "mixed transmission" or in a true maternal infection, where attempts at infection of the embryo would be constantly proceeding throughout the pregnancy. It is probably least severe and most easily countered by the ferments when the primary infection is paternal, for it may then be a single infection only, and probably not capable of repetition if the primary infection be arrested.

9. The Wassermann reaction of mother and child appears to be negative if infection has been by the spirochaetes in their granule stage, so long as the granules remain biologically inactive and the mature organism is absent. [J. B. H.]

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MEDICINE.

LESSONS FROM THE WAR AS TO TUBERCULOSIS.

BUSHNELL, G. E. (*Jour. A. M. A.*, March 9, 1918) states that since our entrance into the war approximately 800,000 men have had expert examination for tuberculosis. The number of cases of tuberculosis detected is somewhat less than one per cent. of the total number of men examined. From a financial standpoint alone these extensive examinations have paid for themselves many fold, for it has been calculated that each tuberculous patient that is returned from Europe will cost the Government about $5000.00, and it is a conservative estimate that the tuberculous soldier who never leaves this country will cost, on an average, $1000.00, including pension. Economy is not the only consideration. Increased efficiency is perhaps the greatest factor and also the elimination to the greatest degree possible of sources of contagion. The situation in France is discussed and the recent observations and statistics of other observers confirmed that the percentage is far and away smaller than at first reported—possibly two per thousand. There exists a certain beneficial effect of army life on tuberculosis or those with that tendency, which might almost be called a prophylaxis. [E. H. R.]

THE PRINCIPLES OF TREATMENT IN MERCURIC CHLORID POISONING.

SANSUM, W. D. (*Jour. A. M. A.*, March 23, 1918), basing his views on both clinical observation and animal experimentation, believes that there is no sound experimental basis for the belief that the promotion of free diuresis contributes materially to the chances of recovery in mercuric chlorid poisoning, and this plan of treatment should not be permitted to obscure that which is more essential. Combined treatment which includes sweating, diuresis and increased elimination from the bowel probably owe their value chiefly to the latter. It would appear in the light of his study that when 4 mg. or more of mercuric chlorid per kilogram of body weight has entered the trunk at large, death regularly occurs, and is probably not preventable by any known form of treatment. Persons who recover from lethal doses probably owe their recovery to the fact that the lethal current has never gained access to the extraportal circulation. Best results are obtained by mechanical removal of the poison from the lumen of the alimentary tract and antidoting the poison before it leaves the portal circuit or before absorption. [E. H. R.]

THE DIAGNOSIS AND TREATMENT OF SYPHILIS OF THE CENTRAL NERVOUS SYSTEM; WITH SPECIAL REFERENCE TO THE USE OF NOVARSENOBILLON.

CARRILL (*The Lancet*, Feb. 16, 1918) in the Hunterian Lecture discusses at length the diagnosis and treatment of syphilis of the central nervous system. His conclusions of practical value and interest are as follows:

(Continued on page vi.)

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(Continued from page iv.)

1. The possibility of a syphilitic basis should be considered in every case of nervous disease.
2. Nervous syphilis can be proved by examination of the c. s. f. The examination of the serum, whether the W. R. is positive or negative, is of little value in the diagnosis of these cases.
3. Provided that the diagnosis is made early, and prompt treatment given in adequate quantity, syphilis of the nervous system appears to be curable in very many cases.
4. The real result of treatment can only be determined by repeated examination of the c. s. f., hence, the absolute necessity of painless lumbar puncture.
5. Cases in which this operation has been contraindicated have not been observed.
6. Some cases of curable meningo-vascular syphilis are diagnosed as incurable dementia paralytica, and treatment is withheld. Often the precise diagnosis can only be made by watching the result of treatment; therefore all cases should have treatment.
7. Even in some cases of long-standing tabes dorsalis the syphilis appears to be entirely curable by treatment, and in nearly all cases symptoms can be greatly alleviated by "606."
8. Novarsenobillon, in my hands, has proved a safe and most efficient remedy against the protean ravages of the Spirochoeta pallida.
9. Galyl is not recommended.
10. The outlook of sufferers from early neurological syphilis is very bright, and will be brighter still when the general standard of knowledge of neurological diagnosis is less inadequate than it is today.
11. If the profession and the public seize and apply our present knowledge of syphilis it is not too much to hope that future generations of students will learn of tabes dorsalis and dementia paralytica only from the text books.
12. Abolition of the ankle joints is an early sign, and often the only one, of arsenical neuritis, and may be demonstrated in the absence of any subjective symptoms.

[J. B. H.]

THE PROBLEM OF TUBERCULOSIS IN MODERN ARMIES AT WAR, AND THE STUDY AND SOLUTION IN THE ITALIAN ARMY.

CACCINI, A. M. (*The Medical Record*, March 30, 1918) writes a most interesting, comprehensive and thorough article on this interesting and important problem. So rigid are the examinations of recruits that it is supposed that any man enlisted is considered free from the disease—at least anything but very quiescent disease—and on this basis the Italian government assumes to bear the responsibility of every case of tuberculosis that develops in the army—assuming that the disease was caused by the rigors or conditions of army life. Large diagnostic centers and sanatorium centers have been established for the detection and treatment of incipient cases and there it is decided whether or not the patient shall be returned to the army or permanently invalided. Statistical, technical and sociological work is carried out very thoroughly. The article is well worth attention and study;—also the methods described.

[E. H. R.]

TOXICITY OF THE AMERICAN-MADE ARSPHENAMIN (SALVARSAN.)

SARGENT, J. C. (*Jour. A. M. A.*, March 30, 1918) reports four cases in which marked and alarming reactions followed the injection of this preparation. No deaths resulted, but the author considers the drug unsafe and reports his cases as a warning. [E. H. R.]

(Continued on page viii.)

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(Continued from page vi.)

CAUSATION OF ECZEMA, URTICARIA AND ANGIO-NEUROTIC EDEMA BY PROTEINS OTHER THAN THOSE DERIVED FROM A FOOD.

MATHER, I. C. (*Jour. A. M. A.*, March 30, 1918) concludes from his clinical work that the proteins of horse dandruff, ragweed and timothy pollen may cause eczema, both from external exposure and internal injection in predisposed persons. In the same way as with food proteins, eczematous patients tolerate very small doses of the offending protein and the eczema seems to improve, but a slight increase above this small amount makes the eczema worse. The amount of protein that benefits asthma makes the associated eczema worse. Therefore, desensitization for eczema, if such is possible, must be a very slow and cautious process, even more than for asthma. Since small subcutaneous injections of the proteins of horse dandruff and ragweed pollen caused urticaria in some cases, it would seem advisable when determining the cause of urticaria, to exclude all protein substances with which the patient may come in contact as well as the food proteins. The same reasoning would seem to apply to angioneurotic edema. During the desensitization of patients with proteins, the appearance of eczema, urticaria or angioneurotic edema should make one suspect that the treatment was the cause of the symptoms. Although such experiences are not serious, yet they are sufficiently alarming to warrant great care in the desensitization of patients with proteins. [E. H. R.]

PHARMACOLOGY, PATHOLOGY AND PHYSIOLOGY.

URETERO-VENOUS ANASTOMOSIS.

REID (*Bulletin of The Johns Hopkins Hospital*, March, 1918) describes the work which he has done in uretero-venous anastomosis with various excellent plates and diagrams, and comes to the following conclusions:

1. The technic by which uretero-venous anastomosis may be successfully accomplished, allowing of a ureter which remains patent, is described.
2. After anastomosis of the ureter into the vena cava the blood does not flow back into the pelvis of the kidney.
3. By anastomosing a ureter into the portal or splenic vein the effect of the urine on these organs could be studied.
4. Uretero-venous anastomosis leads to hydronephrosis unaccompanied by marked histological changes in the kidney.
5. The dilation of the ureter in these cases begins at the point of anastomosis and ascends to the pelvis of the kidney.
6. After a single anastomosis, the life of the dog, at the end of two months, remains unaffected. The urea and non-protein nitrogen of the blood rises slightly at first but shows no tendency to increase subsequently. When both ureters have been anastomosed into the systemic venous current, the blood urea and non-protein nitrogen continue to rise until death, about as rapidly as they do in cases of double nephrectomy.
7. The hydronephrotic kidney secretes urine which is characterized by a low salt and a high nitrogen concentration.
8. After double uretero-venous anastomosis the average life of the dogs in this series was six and three-fourths days. The kidneys apparently do not reduce materially the toxicity of the substances which they remove from the blood stream. [J. B. H.]

(Continued on page x.)

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(Continued from page viii.)

VACCINATION AND SMALLPOX.

FORCE, J. W., and STEVENS, T. M. (*The Journal of Laboratory and Clinical Medicine*, January, 1918) find that small multiple insertions will shorten the course of and minimize the dangers of smallpox vaccination. The best results are secured with vaccine used within one month after collection. Since the object of vaccination is to secure immunity, successful vaccination consists in producing either a primary vaccinia, a secondary vaccinia, or a reaction immunity. All vaccination certificates should be based on actual evidence of immunity as indicated by one of the three reactions described, and not on repeated failures to secure a typical vaccinia. There should be no failures if cold, fresh, potent smallpox vaccine is used. [E. H. R.]

OBSTETRICS AND GYNECOLOGY.

PREGNANCY AND PULMONARY TUBERCULOSIS.

NORRIS, C. G., and LANDIS, H. R. M. (*The Journal of the American Medical Association*, Feb. 9, 1918) find from an analysis of 108 cases, that the combination of pregnancy and pulmonary tuberculosis is a common one, and that this disease exerts but little influence on the course of pregnancy, and except in the advanced stages, exerts little or no influence toward causing abortion, miscarriage, or premature labor. About 20% of mild or quiescent cases and 70% of more advanced cases exhibit exacerbations during pregnancy or the puerperium. Marriage is worse for tuberculous women than for tuberculous men because of the dangers incident to pregnancy. It is probably advisable to lay down the general rule that unless the pulmonary lesions have been quiescent for a considerably prolonged period, tuberculous women should not marry. If they marry they should avoid pregnancy unless the disease is in the first stage, and has been quiescent for a minimum

(Continued on page xii.)

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(*Continued from page x.*)

period of two years. Prior to the fifth month of pregnancy, the uterus should be emptied if the disease manifests evidence of becoming active, or if the lesions are extensive ones. Curettage during the first six or eight weeks, and in the latter cases vaginal hysterectomy are, as the rule, the preferable methods. Interruption of pregnancy does not insure an amelioration of the pulmonary condition, but does definitely improve the prognosis. About 65 to 70% of patients prior to the fifth month of pregnancy will be definitely improved by the emptying of the uterus as soon as acute symptoms arise, provided proper after-treatment is carried out. Late intervention has given less satisfactory results. After the fifth month of pregnancy, it is generally advisable to treat these patients expectantly, making labor as easy as possible. Infants should not be nursed by tuberculous women, and should be especially guarded from infection. It is strongly urged that all pregnant women giving a history at all suggestive of pulmonary tuberculosis be subjected to a thorough examination by a competent internist at the earliest possible date.

[E. H. R.]

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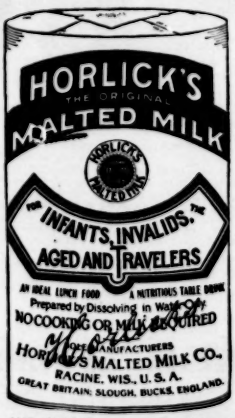

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JOHN B. HAWES, 2D, M.D. EDW. L. YOUNG, JR., M.D.

SURGERY.

CASES SHOWING REMOTE RESULTS OF TESTICLE IMPLANTATION.

LYDSTON, G. F. (*Jour. A. M. A.*, March 30, 1918) reports two recent cases in which implantation of a foreign testicle has resulted in active physiosexual activity and hormone production. He believes that in properly selected cases this should be the universal result for a prolonged period, at least. That permanently beneficial physiologic and therapeutic results are equally certain seems probable. Thus far the author has observed no case in which the implanted tissue has completely, or even practically, disappeared prior to from 12 to 18 months. He believes, therefore, that sex gland implantation is no longer a purely experimental thing, but that it now stands on a firm therapeutic basis. [E. H. R.]

OSSEOUS CYSTS AND SO-CALLED GIANT CELL SARCOMA.

PLATON, E. (*Annals of Surgery*, March, 1918), in a most interesting and thorough article on this subject, ascribes their origin to a variety of causes: past inflammation, softening tumors, such as chondromata and sarcomata, and to ossifying diseases such as osteoporosis, osteomalacia or ostitis fibrosa. A closer study of osseous disease reveals cysts, the walls of which often contain a giant cell tumor rich in cells of sarcoma-like structure, even when the disease could not possibly be regarded as a malignant growth. The author discusses cases and pathology with much thoroughness. [E. H. R.]

THE EFFECT OF TRAUMA ON THE LARYNGEAL NERVES.

JUDD, E. S., *et al.*, in an experimental study (*Annals of Surgery*, March, 1918) which endeavored to imitate the trauma such as occurs in ordinary operations on the thyroid gland, finds that section of the recurrent laryngeal nerve produces complete paralysis of the vocal cord of the corresponding side, which will be permanant. Ligation with linen, chromic catgut or plain gut produces complete, and probably permanent, paralysis of the nerve. Stretching the nerve acutely in a manner similar to, but of longer duration and intensity than that which occurs in operation, does not impair the function of the vocal cord. Stretching the nerve for a long period, as over months, impairs the function of the vocal cords, but this impairment is probably due to the operative trauma and not to the stretching. Pinching the nerve with a hemostat in a manner similar to that which may occur in an operation, produces a temporary paralysis, but restoration of function always occurs, the length of time necessary for restoration depending on the anatomical point at which the nerve was crushed. The time found necessary for complete regeneration of the recurrent laryngeal nerve when injured in areas usually traumatized by operation varies from 30 to 60 days. [E. H. R.]

(Continued on page vi.)

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(Continued from page iv.)

A CONSIDERATION OF THE TREATMENT OF FOREIGN BODIES IN THE LOWER AIR-PASSAGES AND THE ESOPHAGUS: A PLEA FOR ENDOSCOPY, OR THE DIRECT METHOD.

TILLEY (*The Lancet*, Feb. 23, 1918), discussing the treatment of foreign bodies in the lower air-passages in the esophagus, describes the instruments used in handling the various modes of access of foreign bodies and the symptoms of this condition. He discusses operative treatment such as treatment by removal of the foreign body by means of instruments through the trachea or esophagus. There are various diagrams and x-ray plates. [J. B. H.]

THE MODERN TREATMENT OF EMPYEMA BY ANTISEPTICS.

STONEY (*British Medical Journal*, Feb. 16, 1918) briefly discusses what he considers to be the modern treatment of empyema and concludes with:

1. Most, if not all, cases of empyema can be cured without resort to such mutilating and dangerous operations as thoracoplasty and pulmonary decortication, because it is not necessary to obliterate the pleural space, but merely to render its walls sterile, and this is possible by frequent washings with hypochlorite solutions.
2. Flushing of the pleural cavity with hypochlorite solution is not dangerous provided there is a free exit for the fluid, as by the use of a double drainage tube.
3. The earlier this treatment is instituted the sooner and more surely will a cure be obtained, as there will be less formation of granulation and scar tissue, and the organisms will not have had time to entrench themselves deeply in the tissues, and therefore will be more exposed to the action of the antiseptic.
4. The drainage should be free and the opening should not be valvular. If a Carrel tube is used it should be introduced as far as possible into the pleural cavity through a large drainage tube, so that the fluid, starting at the most remote part of the septic space, passes down over its walls and escapes freely between the Carrel tube and the drainage tube.
5. The opening is most suitably made by removing one inch of the eighth rib in the scapular line as this is the most dependent spot for practically all positions and there is no fear of its closure by the rising diaphragm. [J. B. H.]

MILITARY SURGERY.

NOTES ON PENETRATING WOUNDS OF THE BRAIN.

CUSHING (*British Medical Journal*, Feb. 23, 1918) presents, at some length, in an article illustrated with numerous photographs and diagrams, his views on penetrating wounds of the brain.

Of 133 cases in which the brain itself was penetrated in the first month of service there was a mortality of 54.5%; of 44 cases operated on in the second month of service the mortality was 40.9%, while 45 cases operated on in the third month of service showed a mortality of 48.8%. He discusses his technic under the following headings:

1. The organization of the operating team.
2. The neurological examination and the x-ray.
3. The preparation of the scalp.
4. The anesthetic.
5. The plotting of the incision.
6. The trepanation *en bloc*.
7. The treatment of the track.
8. Purposeful incision of the dura.
9. Retained missiles.
10. The use of antiseptics.

The article is of distinct interest and value. [J. B. H.]

(Continued on page viii.)

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(Continued from page vi.)

TREATMENT OF WOUNDS OF THE CHEST, WITH SPECIAL REFERENCE TO INFECTED HEMOTHORAX.

HUTCHINSON (*British Medical Journal*, Feb. 16, 1918) discusses the treatment of wounds of the chest in four classes and presents his results in the 450 cases. There were 27 deaths in these series and he gives the causes of death in each case in tabular form. His conclusions are:

1. All cases of wounds of the chest should be treated in special wards or special hospitals.
2. Careful charts should be kept which record temperature, pulse, and respirations four times a day.
3. Early diagnosis of infection is important.
4. Every case in which there is more than two finger breadths of dulness should be aspirated.
5. Cases of open pneumothorax should be closed as early as possible.
6. Cases in which there is a large amount of clot in the chest should be opened, blood and clot evacuated and the chest closed. This should be done as early as possible.
7. Cases in which the pneumothorax is found to be infected should be opened, washed out, and closed, some antiseptic being left in, preferably an emulsion of bipp and liquid paraffin.
8. Post-operative aspirations must be done in all closed cases the first 48 hours after operation.
9. No attempt should be made at the base in France to remove a foreign body from the lung.

[J. B. H.]

OBSTETRICS AND GYNECOLOGY.

SYPHILIS AS A CAUSE OF STILLBIRTHS.

BARTHOLOMEW, R. A. (*The Journal of the American Medical Association*, Feb. 2, 1918) finds that there is need for the adoption of a uniform definition of stillbirth and of compulsory reporting of stillbirths in order that statistics on this important cause of infant mortality may be improved. Syphilis is the causative factor in at least one-third of the stillbirths from the time of viability to full term, and a Wassermann reaction is strongly indicated in cases in which there have been suggestive clinical symptoms, unexplained abortions, or premature labors with macerated babies. A combination of mercury and salvarsan is more effective in assuring the birth of a healthy infant than salvarsan alone. Important confirmative evidence in the diagnosis of syphilis can be obtained from microscopic examination of the placenta or, in case of stillbirths, of the fetal liver. [E. H. R.]

EXCISION OF VESICAL DIVERTICULA AFTER INTRAVESICAL INVAGINATION BY SUCTION: A NEW METHOD.

YOUNG, H. H. (*Surgery, Gynecology, and Obstetrics*, February, 1918), in an excellently illustrated article, demonstrates his new method of dealing with this often troublesome condition. The illustrations need no explanation. This technic should probably prove of value. [E. H. R.]

PREMATURE SEPARATION OF THE NORMALLY IMPLANTED PLACENTA.

MOORE, A. H. (*Surgery, Gynecology, and Obstetrics*, February, 1918), from experimental and clinical evidence, concludes that acute distention of the uterine cavity does not provoke the lesions of the myometrium associated with premature separation of the normally implanted placenta. The underlying cause of this complication is an obstruction to the circula-

(Continued on page x.)

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MEDICINE.

THE CHLORINE ANTISEPTICS IN CIVIL HOSPITAL USE.

HARTWELL, J. A. (*Annals of Surgery*, April, 1918) summarizes the results of his investigation in the opening paragraph of his article on this subject. He found that the establishment of the Carrel-Dakin technic presents no undue difficulty. The results obtained in a military hospital abroad can be duplicated in general civil hospitals in dealing with traumatic cases. These antiseptics are not as efficient in controlling spontaneous infections, *i.e.*, those not directly due to trauma. They are not as valuable in burns as other forms of treatment, and are too painful and irritating. Reasonable care prevents skin burns in all cases. Dichloramin-T in either chlorinated eucalyptol or chlorcosane—the chlorinated paraffin oil—is not a completely efficient substitute for the sodium hypochlorite solution. [E. H. R.]

THE VALUE AND LIMITATION OF SANATORIUM TREATMENT FOR TUBERCULOSIS.

THOMPSON (*The Practitioner*, February, 1918) sums up a discussion before the Medical Society of London, in which the value of modern sanatorium treatment was considered by various eminent authorities from every point of view. He believes that the value of the sanatorium for suitable cases is established and cannot be replaced by any other measures, and that it is useless to criticize sanatoria for their insufficient or unsatisfactory results, when it has been demonstrated that after-care is a necessary part, of equal, if not greater importance. This after-care is an urgent, complicated and difficult problem. The public can be prepared for this by a more thorough education in the laws of hygiene and by preaching the gospel of health in the schools, homes, and pulpits. If anyone thinks that a few months, without adequate after-care, will put a consumptive working man back in his factory, doing his full work daily, he is being deceived; likewise, if anyone believes that, as a rule, quite early cases of tuberculosis can be lastingly cured, he is mistaken. It is fair to state, however, that sanatorium treatment is the first and best remedy we possess, and that its worth can be secured only by after-care. He urges that the laws of health be carried out, as well as enacted; with a department of health to handle this problem from a broad point of view. He urges town-planning and housing, so that we have well-warmed and ventilated dwellings and workrooms, and domestic training, to give properly cooked and selected foods. He would like to see light beer supplanted by whisky. He would welcome more wholesome distractions and pastimes, with fair work and wages for all. His discussion is of distinct value.

(This summing-up of the British medical opinion concerning the value of sanatorium treatment might well be considered by those physicians who in Massachusetts are criticizing our state sanatoria and claiming that home treatment brings better results.—J. B. H.) [J. B. H.]

(Continued on page vi.)

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(Continued from page ix.)

THE TREATMENT OF AMEBIC DYSENTERY WITH EMETINE AND BISMUTH IODIDE.

LAMBERT (*British Medical Journal*, Jan. 26, 1918) discusses the treatment of 40 cases of amebic dysentery in Mesopotamia under his care, and comes to the following conclusions:

1. That we have in emetine and bismuth iodide a combination of considerable potency in the treatment of amebic dysentery, particularly when the amebae are assuming their resistant stage. When given in pill form in doses not exceeding 2 grains its emetic effects are slight, at all events in Indian cases. Its use in conjunction with hypodermic injections of emetine hydrochloride in acute amebic dysentery would seem to be beneficial, in that convalescence is established earlier, and patients are less likely to become "carriers." It cannot be considered in the light of a substitute for emetine, as attempts to treat acute cases with it alone ended in failure, until emetine was used in addition.

2. In "carriers," and in those convalescents who continue to harbor cysts, emetine and bismuth iodide should prove superior to emetine, and it would seem a wise proceeding, from a public health point of view, to subject all cases of amebic dysentery to a course of emetine and bismuth iodide during convalescence. [J. B. H.]

THE PNEUMONIAS: STREPTOCOCCUS AND PNEUMOCOCCUS GROUPS.

CUMMING, J. C., *et al.* (*The Journal of the American Medical Association*, April 13, 1918) publish in detail and in a very interesting manner the results of work and conferences on this important subject. They establish the importance of mucus from throat swabs, as well as sputum examination of all patients with measles or scarlet fever immediately on entrance to the hospital. In this way the differentiation between the pneumococcic and streptococcic hemolytic types can often be determined early enough so as to segregate and especially care for the streptococcic type, which is so often followed by complications or death. The streptococcic type is by far the most fatal, and the suggestion is made that a proper serum treatment should be established for the immediate treatment of this type. The hemolytic type may be present with or coexistent with the type pneumococcus. This is especially true in the pneumonias following measles. The article is of distinct interest and value. [E. H. R.]

MILITARY MEDICINE.

PNEUMONIA AT A BASE HOSPITAL.

COLE, R., AND MACCALLUM, W. G. (*The Journal of the American Medical Association*, April 20, 1918) report on their study of this prevalent disease at Camp Fort Sam Houston, and find that in general there are two distinct types: acute lobar pneumonia, which does not differ essentially from that which occurs elsewhere; and broncho-pneumonia, which, in most cases, at present at least, follows measles. The etiologic agent in this last type is S. hemolyticus, and there is no evidence to show that the pneumococcus causes the lesions or symptoms of this type of broncho-pneumonia. Pneumonia following measles may, however, be due, in some cases, to pneumococci, but the pulmonary lesion is then of the lobar variety. This complication of measles is rare. Streptococcus infections following lobar pneumonia are quite frequent. Mortality in the broncho-pneumonia cases is very high: that of uncomplicated lobar, low. The incidence of empyema among the uncomplicated cases of lobar pneumonia is not high.

(Continued on page viii.)

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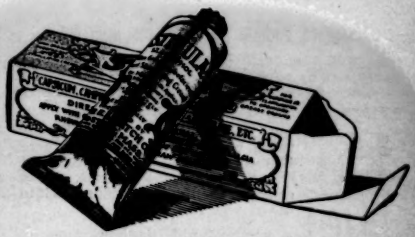

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(Continued from page vi.)

Observations indicate that the number of measles patients harboring hemolytic streptococci on admission to the hospital is not large, but that the majority acquire this organism during hospital stay. The chance of developing post-measles streptococcus infections is, therefore, increased by residence in this hospital. In Part 2 of this article the pathology is described in detail. [E. H. R.]

Observations upon Prognosis, with Special Reference to the Condition Described as the "Irritable Heart of Soldiers."

Lewis (*The Lancet*, Feb. 2, 1918), in a study of the prognosis of the so-called irritable heart of soldiers, discusses the after-history of 272 of such cases. Of these 272 men, 38 were discharged as permanently unfit, 5 are still under treatment, and 3 were discharged for other causes; 29 are on full duty in a provisional unit, 8 on full duty on home service, 23 are in labor companies (home service), 23 have been transferred to a reserve class, 48 are doing light duty (home service), and 86 have gone back into active service. Of 558 men whom he studied, 286 were discharged as permanently unfit. Thus it is evident that practically 50% of the cases of irritable heart, in this group of cases at least, are rendered permanently unfit for military service. [J. B. H.]

The Predisposing Factors of War Psycho-Neuroses.

Wolfsohn (*The Lancet*, Feb. 2, 1918) presents an investigation of the predisposing causes of the various psycho-neuroses in the present war. He believes that in each case one should try to answer the following questions: 1. Of what kind of forebears is the patient a representative? 2. What is the personal temperament of the patient? 3. What was his former calling, and how has he shouldered his responsibilities during active war service? 4. Do acquired war psycho-neuroses occur, and what are the causes thereof? 5. What is the relation of the last "shock" to the production of the war neuroses? 6. Why do not all soldiers suffer from war neuroses?

He has made a study of 100 cases of war psycho-neuroses and 100 somatic injuries produced on the firing line. He comes to the following conclusions:

Cases of war neurosis are very rarely associated with external or somatic wounds. The vast majority of the psycho-neurotic cases studied were among soldiers who had a neuropathic or psychopathic soil. In 74% of these cases a family history of neurotic or psychotic stigmata, including insanity, epilepsy, alcoholism, and nervousness, was obtained, while a previous neuropathic constitution in the patient himself was present in 72%.

A gradual psychic shock from long-continued fear, together with the sudden change from quiet, peaceful environment to the extraordinary stress and strain of trench fighting, is the chief predisposing cause of war psycho-neuroses in soldiers with neuropathic predisposition. In fact, these factors may be the cause of the neurosis *per se*.

The history of the individual previous to enlistment has an influence on the character and gravity of the symptoms of the neurosis.

Acquired neuroses, with their less severe symptoms, appeared only after excessive fatigue, with the concussion from the high-explosive detonation acting as the exciting factor.

On the other hand, in the same abnormal environment, and with the same powerful factors obtaining, wounded soldiers do not suffer from war neuroses except in rare instances. In the wounded

(Continued on page x.)

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(Continued from page viii.)

soldiers studied no neuropathic or psychopathic stigmata occurred in the family history.

Previous neuropathic tendencies were found in 10% of these patients (controls), all of which number presented mild neurasthenic symptoms.

Hysteric manifestations, such as monoplegia in a wounded limb, are occasionally encountered in injured soldiers. [J. B. H.]

SURGERY.

Lecture on the Introduction of the Modern Practice of Bone Grafting.

Keith (*The Lancet*, Feb. 9, 1918), in the lecture discusses the history of bone grafting and sums up the subject as follows:

In the light of our present knowledge, among the conditions which determine the successful grafting of bones or of bone-fragment we must place first—asepsis. Grafts answer best which are taken from the patient's own body; the closer the genetic relationship of the graft-host, the better is the graft likely to answer. The graft-host should be young, and those grafts do best which contain all three elements of bone—bone, periosteum, and medullary tissue. The graft-bed must be free from blood-clot. Washing in normal saline solution damages the vitality of a graft. A graft must be placed so that contact is effected with adjacent fragments; the contact must be firm and so designed that the graft becomes early subjected to the mechanical stresses and strains of the part. [J. B. H.]

General Analgesia by Oral Administration.

Gwathmey and Karsner (*Journal American Medical Association*, April 6, 1918) write a most interesting, timely and useful article on this new method of producing analgesia for especial use in the minor but painful surgical procedures so frequently necessary in connection with wholesale war surgery, and especially painful dressings. The use of a mild analgesia, which does not necessitate the removal of the patient from the bed and which does not result in subsequent nausea and vomiting, is a great asset when large numbers of such dressings are a necessary daily routine. The authors have found from animal experiments and from clinical use that general analgesia is safer than general anesthesia. Fifty per cent. ether in liquid petrolatum or other bland oil is probably the safest general analgesia, has apparently no deleterious effects on the stomach, and is not followed by nausea and vomiting. About one to two ounces of this mixture are necessary. It may be given sandwiched between mouthfuls of port wine. Patients generally sleep comfortably for an hour or two after administration, and are then able to eat as usual without discomfort. [E. H. R.]

The Method of Joint Formation in Arthroplasty: An Experimental Study.

Phemister and Miller (*Surg., Gyne., and Obst.*, April, 1918), in a most thorough, 40-page, well-illustrated article on this subject, go into great detail in describing their preparations and operations and pathology. They describe the results in the no-flap, pedunculated-flap and free-flap operations, and conclude that it matters little in experiments on animals whether the arthroplasty be done by any of the above methods. The flaps when used very largely break down, and the newly formed joint is about the same, both structurally and functionally, following the three types of operations. They warn against drawing too definite conclusions in regard to such methods on human subjects because of the difference between the diseased tissue in the human cases and the normal tissue dealt with in the animal. The article is suggestive, however. [E. H. R.]

War Surgery of the Chest.

Lockwood and Nixon (*British Medical Journal*, Jan. 26, 1918) describe the evolution of their treatment of chest wounds from the technic used in the beginning of the war up to the present, when very different methods are in use.

The stages by which they gradually evolved their treatment of thoracic and abdomino-thoracic injuries were briefly as follows:

1. The parietal wound was excised, the comminuted fragments of rib removed, and the pleura, if possible, closed. No attempt was made to clear out the hemothorax, or to follow the missile into the chest. Repair of the thoracic contents was not embarked upon.

2. In July, 1916, repair of the diaphragm became a routine procedure by the abdominal route.

3. Extensive injuries to the bony skeleton of the thorax were seen to be almost invariably fatal. The principal cause of death was not sepsis. The patients did not recover from the shock and exhaustion of gross bony lesions until we began to remove all comminuted bone and sharp spicules. From this time it became an established rule to operate on the parietes on all "stove in" chests.

4. An important advance was made when a case was recognized in which the diaphragm was injured by a purely thoracic wound. A successful operation was performed by the thoracic route instead of, as previously, by the abdominal. Thenceforward we adopted the practice of dealing with thoracic injuries of the diaphragm through the thoracic wound.

5. Up to the end of 1916 open (sucking) wounds of the chest—traumatopnea—had shown a mortality of almost 100%. Various methods of plugging the hole in the chest wall were found to postpone, but not to avert, the fatal result. At this time we realized that it was practicable to excise the parietal wound, clear out completely the hemothorax, and close the opening of the chest wall.

The surgical measures which these cases appear to justify should not be attempted unless:

(*a*) Active resuscitation can be carried out immediately after admission.

(*b*) The services of an expert radiographer are at all times available.

(*c*) The physical signs can be carefully studied and judiciously interpreted.

(*d*) The most perfect asepsis can be secured at the operation.

Given these conditions, they are guided by the following general rules for operation:

1. Operate as soon as the patient's condition allows. (This is much earlier with local than with general anesthesia.)

2. Operate at a place where early evacuation will not be necessary.

3. Operate in all cases where injury of the diaphragm is suspected.

4. Operate on all cases with open pneumothorax (traumatopnea).

5. Operate on all badly "stove-in" chests, where the pleura is lacerated, even though there is no external wound.

6. Operate on all cases where a large missile has traversed the pleural cavity, whether lodged in

(*a*) The chest wall,
(*b*) The pleural cavity,
(*c*) The lung,
(*d*) The mediastinum, or
(*e*) The pericardium.

7. Operate on all very acutely infected cases, even though the missile is not retained.

They present numerous statistical tables and case summaries. [J. B. H.]

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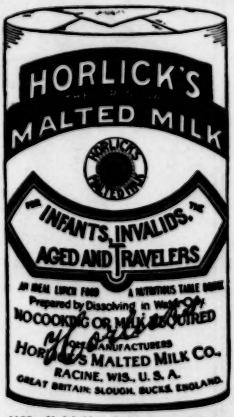

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SURGERY.

PRESENTATION OF A RADICAL OPERATION FOR TUBERCULOSIS OF THE SEMINAL TRACT.

YOUNG (*Surg., Gyne., and Obst.*, April, 1918) describes and presents excellent illustrations of his new operation, which is done through combined perineal and inguinal incisions, and radically extirpates the whole of the seminal tract from testicle to prostate, including vesicles, etc. A forthcoming paper will present statistics as to end-results.

[E. H. R.]

ELEPHANTIASIS TREATED BY THE KONDOLEON OPERATION.

SISTRUNK (*Surg., Gyne. and Obst.*, April, 1918), in a beautifully illustrated article, gives a graphic presentation of this method, which he believes to be the procedure of choice in this condition. Three cases, with marked relief, are shown. [E. H. R.]

PHARMACOLOGY, PATHOLOGY AND PHYSIOLOGY.

A CASE OF RAT-BITE FEVER.

DOUGLAS, COLEBROOK AND FLEMING (*The Lancet*, Feb. 16, 1918) describe a case of rat-bite fever, and summarize their findings and opinions in the following way:

1. The case described showed the typical signs and symptoms of rat-bite fever, namely, intermittent paroxysmal attacks of fever; an inflammatory condition near the site of the original bite, occurring some time after its infliction and subsiding without suppuration; vague pains in the muscles and limbs; a dusky red macular rash; enlarged lymph glands.

2. None of the various micro-organisms which have been described as the causal agent of this disease, such as sporozoa, spirochetes, streptothrix, or tetragenus, could be found, but the condition was regarded to be due to a streptococcus, for the following reasons: (*a*) A streptococcus was isolated from glands removed from the right axilla—the right hand being the site of the primary injury—both by culture and by inoculation of the gland tissue into mice. (*b*) The patient's serum agglutinated emulsions of this streptococcus in dilutions of 1 in 160, whereas normal serum gave no agglutination in 1 in 10 dilution. (*c*) The administration of a vaccine made from this streptococcus was associated with immediate cessation of the febrile attacks and other symptoms.

3. This streptococcus, which was present only in very small numbers in the axillary glands, was shown by its cultural reactions and by agglutination tests, to belong to the *Streptococcus pyogenes* group. When first isolated it would grow only anaerobically and its virulence for mice was not very high.

4. General considerations point to the condition known as "rat-bite fever" to be due to bacteria, and it is probable that the future will show that streptococcus is among the commonest of these.

[J. B. H.]

(Continued on page vi.)

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(Continued from page iv.)

SPINA BIFIDA OCCULTA.

BRICKNER, W. M. (*The American Journal of the Medical Sciences*) writes a very thorough and interesting description of this condition, and illustrates by cuts and case histories. Such lesions of the vertebral column and cord are often found underneath seemingly innocent lipomata of the lower dorsal region, or there may be present hypertrichosis or various kinds of nevi. Often the lesion is evidenced only by the presence of trophic ulcers or gangrene of toes or heels, and many good neurologists have overlooked the primary lesion and ascribed the ulceration to endarteritis obliterans, senile gangrene or other specific cause. X-ray of the lower spine should always be taken in obscure cases of ulcers of the foot, loss of sphincteric control, or sensory disturbances in the lower extremities. [E. H. R.]

OBSERVATIONS ON BIRD MALARIA AND THE PATHOGENESIS OF RELAPSE IN HUMAN MALARIA.

WHITMORE (*Johns Hopkins Hospital Bulletin*, March, 1918), in an article on bird malaria, which is chiefly of interest on account of its relation to human malaria, sums up this latter point as follows:

In malaria, the body produces antibodies which resist the multiplication of the parasites. But certain of the parasites become resistant to these antibodies (or to quinine) and continue the asexual cycle, the number of parasites, however, being too small to produce symptoms. When anything happens to lower the resistance of the body, these parasites are able to multiply rapidly and produce symptoms, that is, a relapse. The continuation of gametocytes is due to the continuation of the asexual cycle. As long as the infection continues, the body is stimulated to produce antibodies, and the infected person is resistant to superinfection, that is, there is a labile infection. There is no immunity after recovery; as soon as the infection is stopped by the antibody production, or by treatment, the stimulus to antibody production is withdrawn, and the person is susceptible to reinfection, just as though he had never been infected before. [J. B. H.]

THE INFLUENCE OF FORCED DIURESIS IN EXPERIMENTAL POISONING WITH DIPHTHERIA TOXIN.

SANSUM, W. D. (*The Journal of the American Medical Association*, March 30, 1918) concludes, from experimental work with dogs, that the intravenous injection of an alkaline hypertonic salt solution, and 18% glucose solution, or an 18% solution of glucose in Ringer's solution, failed to prolong the life of dogs poisoned with diphtheria toxin, even when treatment was begun at the most favorable time, that is, simultaneously with the administration of the poison. These negative results discourage attempts to apply an identical procedure in clinical cases of diphtheria. [E. H. R.]

OBSTETRICS AND GYNECOLOGY.

INTERSTITIAL PREGNANCY.

WYNNE (*Bulletin Johns Hopkins Hospital*, February, 1918), in an article profusely illustrated with excellent plates, discusses the general subject of interstitial pregnancy, and reviews the previous work done on this subject.

(Continued on page viii.)

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(Continued from page vi.)

It is interesting to note that the first case was reported by Dr. Reginald Fitz of Boston in 1875.

The percentage of interstitial pregnancies in all types of ectopic gestation is usually stated at 3%. Rupture generally occurs during the first half of pregnancy.

He describes the cause and treatment of this condition. Prognosis is extremely grave. He presents the details of one case. [J. B. H.]

PREVENTIVE MEDICINE AND HYGIENE.

The Influence of Muscular Exercise on Longevity.

Weber (*British Medical Journal*, Feb. 23, 1918) takes up this most interesting point—the effect of physical exercise on the length of life. After discussing the effect on muscular action on different parts of the body, he summarizes his opinions as to the effect of exercise on the human metabolism as follows:

1. Increased afflux of blood to the muscle with each contraction.
2. Increased nutrition of the muscle, combined with improved metabolism and production of body heat.
3. Increase of exchange of fluid between blood and tissues.
4. Facilitation of the removal of waste products.
5. Preservation of the elasticity of the thorax and lungs.
6. Abundant supply of oxygen for the blood and the metabolism.
7. Maintenance of a healthy condition of the organs of circulation, from the heart to the smallest arteries, capillaries and lymphatics.
8. Massage of the bones, keeping up the healthy condition of the bone substance and the bone marrow, and through this the formation of a sufficiency of blood efficient for the fight with hostile bacteria entering the blood.
9. Increase of the resisting power of the body against disease.
10. Persistence of the working capacity of the brain centers, which initiate the action of the different sets of muscles. [J. B. H.]

Carriers of the Meningococcus: A Year's Record (December, 1916, to December, 1917) of 26,543 Non-contact Men Examined at Greenwich.

Bassett-Smith, Lynch and Mangham (*The Lancet*, Feb. 23, 1918) discuss the general subject of meningococcus carriers, and summarize their opinions and results of their investigations as follows:

1. For the year 1917 the carrier rate among healthy adult officers and men was about 4% (as compared with 2% for the same depot January to July, 1916).
2. The association of large bodies of men tends to favor the development of carriers, as shown by the greater number found among drafts than among new entries.
3. The importance of isolating known carriers as quickly as possible.
4. The highest incidence of carriers was in May, 1917, after which it fell, and no further cases were recorded up to the end of the period.
5. The great value of using a polyvalent agglutinating serum for the final diagnosis.
6. The relative preponderance among the nasopharyngeal strains of Type 2 and the rarity of Type 3.
7. The occurrence of a considerable number of group agglutination reactions. [J. B. H.]

(Continued on page x.)

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MEDICINE.

DIABETES: THE RESULTS OF PAST TREATMENT, AND FUTURE PROBLEMS.

JOSLIN (*Bulletin of the Johns Hopkins Hospital*, April, 1918), in a very important and practical article, discusses the present situation as regards the treatment of diabetes. He presents in tabular form the results of his treatment of patients during the past five years. The improvement in the treatment of diabetes was shown in the statistics of the Massachusetts General Hospital with duration of life of fatal and living cases of diabetes, a statement concerning the number of cases of threatened diabetic coma successfully treated without alkalis, and the causes of death of 516 diabetic patients seen in private practice. He discusses in detail what, in his opinion, should be the treatment of diabetes today, and in still greater detail the treatment of threatening diabetic coma. [J. B. H.]

CINQ ANS APRÈS.

SHATTUCK (*Bulletin of the Johns Hopkins Hospital*, April, 1918) describes in his own inimitable style the condition of affairs in medicine now compared with what it was prior to 1912. His article is one that cannot be reviewed, but is one that deserves serious and careful reading by every physician. [J. B. H.]

REMARKS ON ACQUIRED ACHOLURIC JAUNDICE (HEMOLYTIC ICTERUS).

EASON (*Edinburgh Medical Journal*, March, 1918) describes in detail a case of acquired acholuric jaundice, and discusses this subject in general. He presents a table showing the characteristic features of the various forms of this condition, congenital and acquired, and discusses its differential diagnosis from that of Banti's disease, syphilitic pseudo-Banti's disease, primitive endothelioma of Gaucher, splenic anemia of infants, Vaquez's disease, tuberculosis of spleen. He then presents an historical survey of this condition and describes its pathology and treatment. [J. B. H.]

MILITARY MEDICINE.

TRENCH FEVER.

SUNDELL AND NANKIVELL (*The Lancet*, March 16, 1918) discuss the general subject of trench fever and divide it into two types,—the long type of fever, which they believe to be the true trench fever, and certain short types, which they do not believe to be true trench fever.

They discuss the treatment, etiology, prophylaxis, and transmission of this condition. [J. B. H.]

(Continued on page vi.)

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(Continued from page iv.)

SURGERY.

The Therapeutic Influence of X-rays on Female Pelvic Disease.

Phillips (*The Lancet*, March 23, 1918) discusses the treatment of pelvic disorders in the female, with reports of cases, and summarizes the advantages and disadvantages of this treatment as follows:

1. Advantages: (*a*) The treatment is quite painless. (*b*) It occupies one to three months only, and if it fails, operation can be carried out under the same conditions as before the sittings. (*c*) In a successful case the menopause which results is not usually attended by any of the nervous disturbances noticed in many cases of normal or post-operative menopause. (*d*) The cost is infinitely less than that entailed by operation. (*e*) Sittings may be given during menstruation without detriment, although some observers assert the contrary. (*f*) Bad after-effects are not so frequently noticed.

2. Disadvantages: (*a*) The length of time which must necessarily elapse after the sittings have taken place before a permanent cure can be ascertained to have resulted. For instance, in some fibroids rapid shriveling, in addition to cessation of the hemorrhage, takes place; in others, the cure is not so rapid, and may require a second series of sittings, and even then the fibroid only partly disappears. Moreover, we are not yet certain that at some more or less remote period after the sittings, there may not be a recurrence of the symptoms, although this is not common. (*b*) The danger of burning of the skin. This is practically a preventable accident, and I have no doubt that as improvements go on this will never occur. (*c*) The possibility of some malignant change taking place in the atrophied uterus or fibroid tumor. [J. B. H.]

Radium Treatment of Scars.

Stevenson (*The Lancet*, March 23, 1918) presents the details of various cases in which radium treatment has been given of scars, and summarizes his opinions as follows:

1. Radium has a distinct sphere of usefulness in the treatment of scar tissue and fibrous adhesions.
2. It is a valuable adjunct to other methods of orthopedic treatment, especially by shortening their duration.
3. Its effect is rapid, sometimes immediate.
4. It softens and mobilizes scar tissue.
5. It appears to facilitate subsequent removal of the scar by the knife.
6. It enables structures, like tendons adherent to the scar, to free themselves.
7. By loosening tendons and stiff joints it improves the functional power of the part.
8. It possesses the advantage of acting, to some extent, as an innocuous local anesthetic for about a week.
9. It is particularly useful in treating scars and adhesions in the hands and fingers.
10. It is easily applied to the surface of the skin, and by this method causes no inconvenience to the patient.
11. To obtain the best results a single large dose is necessary.
12. The dose should not be so great as to produce inflammation of the skin.
13. With suitable dosage it appears to produce no ill effects.
14. In small doses it appears to hasten the healing of wounds, and to allay the painful inhibitory effects of the products of inflammation. [J. B. H.]

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(Continued from page vi.)

Fleas are found on the bodies of rats and in rat holes and in the usual haunts of rats, and it is only after the death of the rats that fleas leave their hosts and haunts in search of blood, and after entering the interior of rooms, attack human beings. Now tobacco does not destroy Bacillus Pestis, but it does destroy the flea, death being practically instantaneous. Being a diffusible drug, its action is effective even at a distance of six inches. Its action is permanent and continuous. Spread on floors of houses, it will not only destroy fleas present at the time, but will go on destroying whatever fleas come later on to reinfect the house. Its substance is not used up in destroying fleas, hence, it can be used over and over again. Plague-infected houses can be disinfected thoroughly by this method and reinfection can be prevented as long as tobacco is kept in the house. Fleas entering a house perish before they can bite the sleeping inhabitants. Powdered tobacco should be introduced into rat holes which can then be closed up with brick and mortar. The writer believes that his tobacco method, which disinfects and prevents at the same time, is far superior to any other method of controlling plague. [L. D. C.]

The Relation of Blood Pressure to Convulsions.

Erwin, D. M. (*Jour. A. M. A.*, April 27, 1918), studying four cases in convulsions, showed that a convulsion is precipitated in all probability when the blood pressure becomes lower than the intracranial pressure and that measures taken to raise the peripheral pressure will stop a convulsion. It logically follows that the measures must be taken to reduce the intracranial pressure in order to accomplish any permanent relief. [E. H. R.]

Tuberculosis and Syphilis.

Adding-Evon (*Jour. A. M. A.*, April 27, 1918), examining 195 patients over a four-year period by finding bacilli in the sputum, finds that 8.7% yielded a positive Wassermann test. [E. H. R.]

Dakin's Dichloramin-T Solution in Ocular Infection.

Green, G. S., and Green, L. D. (*Jour. A. M. A.*, April 27, 1918) find that this solution in from 0.5 to 1% can be freely used as a conjunctival antiseptic without danger to the tissues. It may possibly be used in stronger solutions, but this has not so far been found necessary, although further trial is advocated. The oil solution is preferable to the aqueous as it is less irritating and will remain longer in contact with the epithelium. Instillations should be made at frequent intervals, once every hour having been found the most satisfactory. [E. H. R.]

SURGERY.

Ulcerating Granuloma of the Pudenda.

Curjel (*Ind. Med. Gazette*, September, 1917) records his observations on twenty cases of ulcerating granuloma of the pudenda. This disease was first described in 1896, and cases have been reported from India, North Australia, West Africa, South America and the islands of the Pacific Ocean. A very few cases have occurred in the United States. The disease consists of a serpiginous ulceration of the skin and subcutaneous tissues, limited to the region of the external genitals. The writer concludes that the lesions are the result of a specific venereal infection, not necessarily a spirochete. He finds no certain evidence of a general systemic infection, though at times there are signs of local malignancy. In the

(Continued on page x.)

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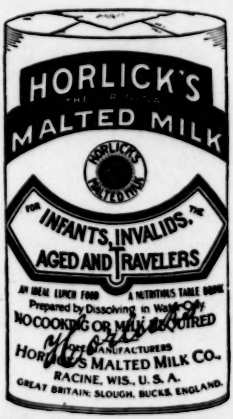

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MEDICINE.

ARE ALL THE TUBERCLE BACILLI FOUND IN THE SPUTUM VIRULENT?

COOPER, H. J. (*Jour. A. M. A.*, May 4, 1918), as a result of animal (guinea pig) experimentation, concludes that in the majority of open cases of pulmonary tuberculosis the tubercle bacilli which can be isolated on artificial mediums, from the sputum, are virulent enough to produce systemic tuberculous changes in guinea pigs by means of doses as small as 0.000001 mg., and that the range of virulence is very small. He quotes Holt and Gilbert, who found a child could be infected by as small a number as ten bacilli. The author believes that tubercle bacilli are virulent in at least 97% of cases. [E. H. R.]

MALIGNANT TERTIAN MALARIA SUCCESSFULLY TREATED BY QUININE ACID HYDROBROMIDE INTRAVENOUSLY.

ROGERS (*Ind. Med. Gazette*, November, 1917) discusses the intravenous use of quinine in pernicious malaria, and reports a desperate case successfully treated with large doses. He believes that in these pernicious cases with cerebral symptoms the danger is not in the method but in the delayed use of it. He has investigated the toxicity of the more soluble salts and finds that the bihydrochloride and the acid hydrobromide are the best for intravenous use. The latter is much the least toxic, but contains only three-fourths as much of the alkaloid as the bihydrochloride. Ten grains of the acid hydrobromide intravenously are well borne, and fifteen grains can be given. The case which the writer now reports received 15 grains on admission to the hospital, two fifteen-grain doses within the following 24 hours, three seven and one-half-grain doses the next day, and two seven and one-half grain doses the following day, all intravenously. The patient's temperature on admission was 105-6° F., and he soon became extremely jaundiced, the urine was nearly black with bile pigment and contained some hemoglobin. The temperature became normal 72 hours after admission. Four days after admission the blood count showed: Hgb., 18%; reds, 1,815,000; whites, 15,750. In order to watch the effect of the intravenous injections of quinine on the parasites, counts were made of the number of malignant tertian rings in proportion to 100 red corpuscles, as follows:

TIME	NO. OF PARASITES PER 100 CORPUSCLES
On admission	46
4 hours later (after 1 injection)	39
19 hours later (after 2 injections)	19
28 hours later (after 3 injections	10
43 hours later (after 4 injections)	0

Thus 40% of his red corpuscles must have been destroyed the first day, and 19% the next day, yet the first injection completely changed the blood picture, and in two days all the parasites had disappeared. [L. D. C.]

(Continued on page vi.)

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(Continued from page iv.)

A Clinical and Therapeutic Classification of the Types of Malarial Infection.

MacGilchrist (*Ind. Med. Gazette*, December, 1917) classifies the types of malarial infection as follows:

I. Febrile.

(*a*) Fresh infection. Can be completely cured by quinine properly administered.

(*b*) Acute exacerbation of chronic infection. Fever can always be completely controlled by quinine, but the infection may, and usually does, remain. Not infrequently the fever is quickly controlled by the patient's natural protective forces unaided by quinine—"spontaneous cure."

II. Feverish (99° to 100° F.) Obstinate low fever, but little influenced by quinine alone; a "change of air" usually necessary to brace up the patient. Malarial origin usually determined by mononuclear count. Infection active in spleen and bone marrow, the natural protective forces being weak owing to "run down" condition of patient.

III. Afebrile. Infection latent and quiescent, because the natural protective forces are strong. A person with III, afebrile chronic latent malaria, when "run down" is liable to get II, feverish chronic malaria—persistent low fever very difficult to control until the patient's strength is restored. A person with III, when subjected suddenly to great fatigue or exposure to excessive heat or cold, is liable to get I (*b*), an acute attack of febrile malaria, the fever of which is easily controlled either by quinine or by the patient's protective forces unaided. II, feverish chronic malaria is a comparatively rare condition, usually occurring in persons subjected to continuous worry and responsibility.

In chronic malarial infections a cure is impossible unless quinine is aided by the patient's natural protective forces, hence the value of arsenic, change of air, sea voyages, etc. Very little quinine can reach the parasites in the venous sinuses of the spleen and bone marrow where circulation is slow, and, to reach which, quinine—with its strong affinity for serum proteins—has a long way to go. [L. D. C.]

Destruction of Rats as a Means for the Prevention of Plague.

Dennys (*Ind. Med. Gazette*, January, 1918) contends that it has never yet been satisfactorily shown that the destruction of rats, either by anti-rat campaigns or by an epizoötic of plague, can prevent the recurrence of an epidemic, its spread, or its virulence. On the other hand, there is some reason for thinking that the mere diminution of the normal number of rats in a town may tend to increase the number of plague cases in man. The important factor is the prevalence or the absence of flea-infestation of rats. When the rat-flea is absent the thousands of pestis-carrying rats are harmless. As soon as the flea begins to hatch the new generation of rats becomes infected and there shortly follows an outbreak in man. If some means could be discovered to entirely stop the breeding of fleas, there is little doubt that plague could be stamped out. In the meantime the large sums of money spent in anti-rat campaigns might be more profitably used in other ways. [L. D. C.]

Tobacco, Fleas and Plague.

Mallanah (*Ind. Med. Gazette*, February, 1918) suggests tobacco as a prophylactic against plague. The important thing in the prevention of plague is the destruction of fleas. Though plague is a disease of rats, it is only through the agency of fleas that the disease is communicated from rat to rat, from rat to man, from man to man, and from man back to rat. The infection resides in the bodies of rats and fleas.

(Continued on page viii.)

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MEDICINE.

THE CAUSE OF LUMBAR PUNCTURE HEADACHE.

MACROBERT, R. G. (*Jour. A. M. A.*, May 11, 1918) very graphically describes the mechanics of this condition, both by word and diagram. He ascribes the sudden onset of severe headache when the patient sits up as due to sudden heightening of intracranial pressure, due to rise in pressure in the cerebral veins; its entire relief when the patient lies down, as due to the fall of the pressure when weight is removed from the veins on the clivus. In course of a week the puncture wound heals, the fluid is rapidly made in sufficient quantity to fill and distend the entire sac, and the integrity of the brain cushion or water bed is reëstablished. The headache, which was a purely mechanical affair, dependent on loss of the cushion, is gone. [E. H. R.]

CARDIAC SYPHILIS.

MORSE, W. C. (*Am. Jour. Med. Sci.*, May, 1918) finds that cardiac complications during syphilis occur much more frequently than has been recognized heretofore. The cardiac lesions occur earlier in the disease than has been thought; even in the early secondary stage. Congenital syphilis of the heart is a cause of sudden death in early life, the condition being unsuspected, clinically, as a rule. The nature of the process in the heart is distinct, and may be recognized microscopically, and the spirochetes may be found in the lesion, which is most frequently a myocarditis. Uncomplicated aortic insufficiency is of syphilitic origin in the majority of cases. Symptoms are not definite, but extremely suggestive: the diagnosis depends mainly upon the signs of a cardiac, with a positive Wassermann and a response to anti-luetic treatment. The prognosis is good in the early stages. Treatment should be mainly anti-syphilitic and intensive. Cardiac treatment is rarely required except in cases with decompensation. [E. H. R.]

THE MANAGEMENT OF RENAL TUBERCULOSIS.

BUGBEE, H. G. (*Surg., Gyn., and Obst.*, May, 1918) takes a broad view of this important subject. He believes that infection very often takes place through the blood stream; that nature practically always makes an effort to wall off the process, but the formation of antibodies is often extremely slow and the immunity of the patient is not enough to stay the progress of the disease. The symptoms of renal tuberculosis are misleading, obscure and give no idea of the extent of the lesion. The diagnosis may be simple or extremely difficult, requiring a very long time to definitely make. Remission of symptoms should not be accepted as a cure. Spontaneous healing does occur, but is so rare as not to be counted on. Nephrectomy for unilateral tuberculosis is the proper treatment. Even with a recovery of 75% these cases should report regularly and be watched and treated as cases of general tuberculosis. [E. H. R.]

(*Continued on page vi.*)

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(Continued from page iv.)

SURGERY.

END-RESULTS IN THE PROSTATECTOMIZED PATIENT: A COMPARATIVE ANALYSIS OF THE SUPRAPUBIC AND PERINEAL ROUTES.

MARTIN, C. (*Jour. A. M. A.*, May 4, 1918) concludes from his study of 55 suprapubic and 55 perineal cases, analyzed from the point of view of healing of the wound, post-operative frequency of urination, control of bladder, cystitis, pain, force of stream, character of urine, sexual power and effect on general health, that the perineal route is losing its popularity and that the suprapubic operation, in the majority of cases, has a big lead in better showing of end-results and is a vastly superior operation to the perineal. [E. H. R.]

NEUROLOGY.

THE SELECTION OF CANDIDATES FOR THE AIR SERVICE.

ANDERSON (*The Lancet*, March 16, 1918) describes the development of aviation, the aviator's duties and his own personal experiences. He then discusses the physical requirements of the aviator. He discusses the medical tests of candidates, both the surgical and medical examinations, and the special sense examination. The article is of distinct interest and value. [J. B. H.]

A CASE OF MIRROR WRITING WITH SOME NOTES ON THE LITERATURE OF THE SUBJECT.

SYMNS (*The Practitioner*, March, 1918) presents an interesting case of mirror writing.

The case was that of a young girl of 6½ years, who had had a normal childhood and had begun to walk and talk at 13 months. She was left handed and unable to write except in "the looking glass" manner. The writer discusses the general subject of mirror writing, and from his investigations concludes that mirror writing with the left hand is more frequent among the children of the junior classes, that girls are much more likely to be affected than boys, and that in advanced years normal writing tends to be established.

He discusses in detail the literature of this subject. [J. B. H.]

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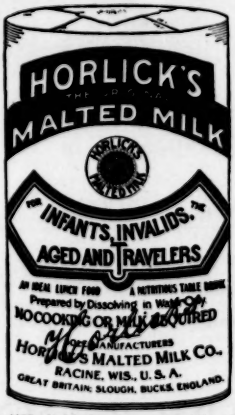

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MEDICINE.

THE POINT OF ELECTION AND MODES OF INVASION IN PULMONARY TUBERCULOSIS.

COBB, J. O. (*Jour. A. M. A.*, May 25, 1918) concludes his well-presented article as follows:

Pulmonary tuberculosis in man, as well as in animals, is primarily an infection of the lymphatic vessels and lymph glands in the lungs. Cough and expectoration are late manifestations of the disease. Experimental evidence points more strongly to ingestion through the gastro-intestinal tract as the avenue of entrance than through the respiratory tract. This, however, does not minimize the importance of a definite danger from inhalation of dried dust. It is found that all portions of the lung, both in man and in animals, are equally invaded by the bacilli, whether the route be through the trachea or intestinal tract. No portion of the lung, it is believed, possesses a specific biochemical constituent that would sensitize it to the tubercle bacillus, nor do the bacilli have any selective property for any special portion of the lung. The causes for selection must be purely physio-anatomic. [E. H. R.]

SODIUM AND POTASSIUM IODIDS IN ROENTGENOGRAPHY.

CAMERON, D. F., and GRANDY, C. C. (*Jour. A. M. A.*, May 25, 1918) find that excellent pyelograms can be obtained through the use of from 25 to 33 per cent. aqueous solutions of the above salts. No undesirable effects of any nature have been noted in use on eight patients. The solutions are rapidly made by dissolving the proper amount of salt in water, which makes them readily available and very inexpensive—two factors of considerable importance. [E. H. R.]

THE ATROPIN TEST IN THE DIAGNOSIS OF TYPHOID INFECTION.

FRIEDLANDER, A., and MCCORD, C. P. (*Jour. A. M. A.*, May 18, 1918) describe this test as applied to the diagnosis of the typhoidal infections in the British Army. According to the sponsors of this test, the normal individual or the patient ill of diseases other than typhoid infections responds to the administration of atropin with a noteworthy increase in heart rate. In typhoid patients, however, the acceleration either does not occur or takes place to a lesser degree. One thirty-third of a gram is used as the test dosage. These authors find that the conception of the specificity of antagonism of action between atropin and typho-toxins is in no way borne out by results in their investigation. The occurrence of 36.4 per cent. positive atropin reactions in a series of 170 non-typhoid cases removes from this test all but the most casual significance as a diagnostic procedure either in typhoid fever or the paratyphoid groups. [E. H. R.]

SURGERY.

THE PROGNOSIS OF GALL-BLADDER INFECTIONS.

GIBSON, J. H. (*Am. Jour. Med. Sci.*, May, 1918) affirms that the mortality in gall-bladder infections

(Continued on page vi.)

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(Continued on page iv.)

depends very largely upon whether or not a cholangitis is present. A persistent jaundice, accompanied by general symptoms of sepsis, is of grave import and calls for prompt drainage through the gall-bladder or common duct, or both. The use of horse serum has practically eliminated the danger of hemorrhage due to long-standing jaundice. A patient having symptoms of gall-bladder infection should not be allowed to postpone operation until an acute exacerbation of infection occurs. [E. H. R.]

DISTURBANCE OF ACID SECRETION ACCOMPANYING ULCER OF THE STOMACH AND DUODENUM, AND THE CHANGES FOLLOWING OPERATION.

WILENSKY, G. O. (*Surg., Gyn. and Obst.*, May, 1918), from his analysis of the gastric contents of normal and preoperative cases, finds that the pathological cases sometimes show no disturbance in the function of hydrochloric acid secretion, and are practically identical with those described as normal contents. These were all cases of duodenal ulcer. The duration of symptoms was from two to six years. From the study of several well-marked groups the author concludes that ulcerating lesions in the stomach and duodenum are not necessarily accompanied by disturbances in normal physiology of acid secretion. The situation of the lesion bears no relation to the disturbance, if any exists, nor to its character nor intensity; also, the amount of physiologic disturbance bears no relation to the character and intensity of the subjective symptoms. In post-operative cases, a normal secretion most frequently follows operation for acute perforation. An ante-operative sub-acidity usually persists after operation. Subjective cases may be obtained when the laboratory examinations indicate a disturbed physiology and, conversely, post-operative symptoms may occur when the disturbance of secretion seems to be improving or when secretion is within normal limits. These facts are explained on the hypothesis that the symptoms need not necessarily be due to the disturbance of acid secretion, but to a disturbance of some other gastric function—the author does not suggest what. [E. H. R.]

RADIUM IN THE TREATMENT OF CERTAIN TYPES OF UTERINE HEMORRHAGE AND UTERINE FIBROSIS.

MILLER, C. J. (*Surg., Gyn. and Obst.*, May, 1918) reviews his series of cases showing the very good results of radium treatment in certain groups of cases with hemorrhage. One contraindication to the use of radium is the presence of some old tubal or other infectious process in the pelvic organs, which may flare up after radium application. Miller discusses four groups and the results in each. The first group includes the cases commonly denoted as myopathia hemorrhagica, or hemorrhage of the menopause. There were 90% of permanent cures from one to three exposures of radium in this group, which is a very good showing considering the fact that most of this type of case generally come to hysterectomy after the failure of repeated curettings. The second group is that of chronic course in which there has been metrorrhagia or menorrhagia for numbers of years and are classed ordinarily as chronic metritis, polyphoid endometritis, hyperplasia, ptosis, etc. Complete success was secured in all but one of 18 cases. Two cases, however, complained more of the hot flushes and nervousness than of the previous bleeding. There were 26 cases of myoma in which both hemorrhage was checked and the mass made to disappear entirely or made much smaller. The author does not wish to give the impression that radium should always supplant surgery in the treatment of fibroids, but he does believe that it is a most valuable adjunct. His fourth group is that of bleeding in young girls. Only two cases are reported, but one

(Continued on page viii.)

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(Continued from page vi.)

was relieved even when hemorrhage had been so severe as to raise the question of transfusion. The author claims that radium is easier to apply than x-ray; is less likely to produce complete amenorrhea by injury to the ovary, and is lacking in the danger of burning the skin. The article is worthy of note.
[E. H. R.]

A SURGEON'S IMPRESSION OF TRIFACIAL NEURALGIA.

FRAZIER, C. H. (*Jour. A. M. A.*, May 11, 1918), in a very clearly and emphatically stated article, deals with this subject from an experience with 302 cases. He advances no theory as to the origin of the disease, but states that practically always the treatment should be surgical, either by alcohol injections or the radical ganglion operation. Vain attempts to find peripheral lesions or foci of pus should be generally abandoned as the exciting cause is practically always central. He divides patients into two groups: Those in the early stage of the disease in whom alcohol injection may give many months of ease, and those who have been long sufferers in whom the radical operation is the only means of permanent relief. A few cases in which the pain is confined to the supraorbital nerve may be relieved by peripheral resection of that nerve. With this exception, the peripheral operation has been replaced altogether by alcohol injections. Of course, in older or feeble people injections are the severest procedure that can be employed. Frazier objects to injection of the ganglion because of the large incidence of corneal complications. He then describes in detail and illustrates the technic of his operation. [E .H. R.]

PEDIATRICS.

OBSERVATION ON THE NATURE AND SYMPTOMS OF CARDIAC INFECTION IN CHILDHOOD.

POYNTON (*British Medical Journal*, March 2, 1918) describes the manifestations of rheumatism in childhood and the modes and methods of cardiac infection among young people. He believes that the severity of the cardiac affections is dependent upon the virulence of the infection. This may gain access to the body by way of the tonsils so that an acute tonsillitis in a child should always call for careful examination of the heart; likewise chorea and obscure pain in the joints and muscles in childhood indicate a careful cardiac examination.

He describes the cutaneous manifestations, abdominal symptoms, general wasting, anemia, and fever as characteristic of cardiac infection. He summarizes the important points as follows:

1. There is a great resistance by the tissues to the infection.
2. The general toxemia varies greatly in diffedent cases.
3. The tendency is to multiple focal lesions.

[J. B. H.]

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MACGILCHRIST (*Ind. Med. Gazette*, October, 1917) discusses the administration of quinine in the light of his large experience with it as an officer in the Indian medical service. Very little quinine, he says, is absorbed from the stomach. Quinine tablets introduced into a stomach which is empty and free from acid may not be dissolved, especially if there is gastric catarrh. The chances of tablets which have escaped the stomach being dissolved in the alkaline secretions of the intestines are small. In the intes-

(Continued on page x.)

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OPERATIVE TREATMENT OF FRACTURE OF THE SPINE UNCOMPLICATED BY CORD INJURY.

BRACKETT, E. G., *et al.* (*Ann. Surg.*, May, 1918) state that many of the cases of spinal injury formerly classed as "back strain," "railway spine," and which were formerly considered functional are now, in the light of more accurate x-ray diagnosis, proven to be definite injury to the spinal column itself but without injury to the cord or nerve roots. A study of the symptoms, duration of disability and mechanical treatment points strongly in favor of early operative interference, in the majority of these cases, as giving the quicker and more lasting satisfactory result. The authors classify the cases with those fresh fractures with crush of the body of the vertebrae and disalignment of fragments, fracture of the fifth lumbar, fracture of a body showing increasing bunches, and old fractures which show persistent disability. The article is a valuable one. Operative treatment is by the Albee bone splint or Hill's fixation. [E. H. R.]

THE VALUE OF PYLORIC EXCLUSION IN THE TREATMENT OF PYLORIC AND DUODENAL ULCERS.

LEWISHON, R. (*Ann. Surg.*, May, 1918), testing the stomach and upper intestine 48 hours after gastroenterostomy, with and without Berg's simple circular linen stitch pyloric exclusion, and using thionine blue, shows how complete this exclusion is as a temporary measure. He believes that exclusion gives the patient the benefit of chemical changes produced by gastroenterostomy and it also safeguards the ulcer against mechanical insult, thus hastening the healing of the ulcer-bearing area. No exclusion excludes the pylorus permanently, but Berg's method effects it long enough to materially aid in a more rapid cure of the ulcer. [E. H. R.]

PATHOLOGY, PHYSIOLOGY AND PHARMACOLOGY.

METHOD AND ORGANIZATION OF RE-EDUCATION FOR WAR CRIPPLES IN GERMANY.

MCMURTRIE, D. C. (*Med. Rec.*, May 25, 1918) writes an interesting article on this subject. He states there is in Germany no general uniform system of care of war cripples and no central authority giving directions for the work, but, nevertheless, the work carried on entirely by private charitable institutions and not even under government supervision is remarkably efficient and productive of good results. There is very little misguided charity in Germany, very few old soldiers' or cripples' homes where the disabled live in idle ease. Every war cripple is made to feel that it is not a question of charity but of a useful occupation. They must be returned to their homes and former occupations if possible. Cripples must be distributed among the mass of people as if nothing had happened. Educational schools are plentiful, and artificial members are furnished at cost, this determined by the Government. The system seems to be efficient. [E. H. R.]

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